National Home Visiting
Resource Center

Helping Children & Families Thrive

2017
Home Visiting Yearbook

It is easier to build strong children than to repair broken men.

— Frederick Douglass

About the National Home Visiting Resource Center

The National Home Visiting Resource Center (NHVRC) is a source for comprehensive information about early childhood home visiting; its growing evidence base; and its potential impact on children, families, and communities. The center's goal is to support sound decisions in policy and practice to help children and families thrive.

In 2017, its inaugural year, the NHVRC will—

- Publish original products, including the *2017 Home Visiting Yearbook*
- Build an online collection of home visiting resources and research
- Create a space to share professional and personal experiences with home visiting

Join the conversation at nhvrc.org

Acknowledgments

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Executive Summary

The *2017 Home Visiting Yearbook* compiles key data on early childhood home visiting, a proven service delivery strategy that helps children and families thrive. Home visiting has existed in some form for more than 100 years, paving the way to a healthier, safer, and more successful future for families. It connects parents-to-be and parents of young children with a designated support person who guides them through the early stages of raising a family. For many, it is a bridge to becoming the kind of parents they want to be so they can unlock their child's potential.

Home visiting is voluntary and tailored to meet families where they are—from a teenage single mother in Phoenix to an expectant military couple near the Smoky Mountains to a Native American woman raising a grandchild with special needs in North Dakota. Depending on the family's circumstances, the home visitor might talk with them about their child's developmental milestones, coach them in positive parenting, connect them with needed services, and even help them create a resume so they can find a job. Home visiting is cost effective, with demonstrated improvements in child health, well-being, and school readiness and parent self-sufficiency.

Home visiting is offered in many communities, perhaps even yours. The *2017 Home Visiting Yearbook* presents, for the first time, the most comprehensive picture available of home visiting on the national and state levels. It reveals the breadth of home visiting across America but also the gaps, where families in need are going without this vital source of support. To produce the *Yearbook*, the National Home Visiting Resource Center examined publicly available data, collected new data, and analyzed what we found.

There are so many barriers to receiving the help you might need, whether it's transportation, childcare…We take all of those barriers out of it. [Parents and caregivers] can be sitting on their couch, their kids can be playing with toys. They can bring their books. I think that gives them a sense of ease as we begin to talk.

Chris Margard, *home visitor*

Photo courtesy of Matthew Johnson/Urban Institute

Highlights

- More than 18 million pregnant women and families (including more than 23 million children) could benefit from home visiting.
- More than a quarter of a million families received evidence-based home visiting services in 2015 over the course of more than 2 million home visits.
- States have long supported home visiting services by pooling limited resources. They allocate federal dollars and state funds from tobacco settlements and taxes, lotteries, and budget line items. Some foundations provide additional funding. Home visiting is provided at no cost to recipients.
- Through the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV), the federal government has bolstered evidence-based home visiting since 2010, investing $1.85 billion for services, research, and local infrastructure to develop early childhood systems.
- Evidence-based home visiting is now implemented in all 50 states, the District of Columbia, 5 territories, and 25 tribal communities. About 40 percent of all counties have at least one local agency offering evidence-based home visiting.
- The field is moving toward professionalization of the home visiting workforce to standardize and support the knowledge and skills needed to serve families successfully.
- The evidence base for home visiting is strong and growing.

The *Yearbook* is based on the best information available but reflects limitations associated with the lack of a standard reporting mechanism for home visiting. Our data are therefore incomplete and underestimate the number of families served.

In future years, we will expand the story of home visiting, even as that story continues to unfold in innovative ways across the country. We will work with models and states to collect the most complete data possible. We will also keep listening. We want to understand what other questions need answers, what emerging issues need attention, and what new and essential information the field needs to achieve its goals.

Read on to discover the state of early childhood home visiting in America today and a vision for what it could be. Use the *Yearbook* to make informed decisions about home visiting in your program, agency, community, or state. Share it widely. Keep the conversation going. Let us know what you think.

In this report

Introduction

Recent years have brought an unprecedented expansion of early childhood home visiting. Together, states and communities have made new inroads implementing home visiting models that improve outcomes for children and families. The value of home visiting is increasingly documented and recognized. Yet there has been no comprehensive picture of how home visiting is playing out across the country.

The *2017 Home Visiting Yearbook* shares reliable, objective information to inform sound decisions in policy and practice. It asks critical questions, including the following:

- Where do home visiting programs operate?
- How many families and children are being served by home visiting, and how many more could benefit?
- Who develops and administers home visiting?
- Who funds home visiting?

This first edition of the *Yearbook* presents a snapshot of home visiting using the most complete data available. It looks at the national landscape of home visiting and then drills down to the states. The *Yearbook* relies primarily on agencies in states, territories, and the District of Columbia (hereafter referred to as states) that have received funds through the federal Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) and organizations that have developed home visiting models that are recognized as evidence based.[1] It also draws on public data sources such as the Health Resources and Services Administration and the U.S. Census Bureau.

The National Home Visiting Resource Center (NHVRC) acknowledges that the service data presented here are not complete because of the lack of a standard reporting mechanism for home visiting. For details about our mixed-methods approach, which included both qualitative and quantitative data, see appendix 1. In future *Yearbooks*, we will seek to expand and improve our data collection efforts.

[1] The *Yearbook* defines evidence-based home visiting as programs that have met rigorous U.S. Department of Health and Human Services criteria for evidence of effectiveness as determined by the Home Visiting Evidence of Effectiveness project (HomVEE).

CHAPTER ONE

A Primer on Early Childhood Home Visiting

This chapter serves as an introduction to early childhood home visiting, providing context for the data presented later in the *Yearbook*. It presents—

- Background information that defines home visiting and outlines its history
- Highlights from the evidence base for home visiting, describing its demonstrated impact on critical needs
- An overview of the funding sources for home visiting services

What Is Home Visiting?

Few experiences are as rewarding and challenging as parenthood. Many parents still remember the friends and relatives they turned to for advice after discovering they were expecting a child. Unfortunately, not everyone has a built-in system to help them navigate a child's early years.

Early childhood home visiting is a service delivery strategy that matches new and expectant parents with a designated support person—typically a trained nurse, social worker, or early childhood specialist. Services are voluntary and provided in the family's home or another location of the family's choice, often reaching socially or geographically isolated families.

A two-generation approach, home visiting delivers both parent- and child-oriented services to help the whole family. It views child and family development from a holistic perspective that encompasses—

- Child health and well-being
- Parent health and well-being
- Child development and school readiness
- Family economic self-sufficiency
- Positive parent-child relationships
- Family functioning

Home visiting can benefit all families that welcome a child into their lives. For families facing additional stressors, such as unemployment or health concerns, a consistent lifeline can provide the stability they need to get back on their feet. Home visitors get to know each family over time and tailor services to meet its needs. A home visit might include an assessment of child and family strengths and needs, provision of information on child developmental stages and progress, structured parent-child activities, family goal setting, assistance addressing crises or resolving problems, coordination with needed community services, or emotional support during stressful times.[i]

Home Visiting: A Brief History

Early childhood home visiting is not new. As early as 1883, private charities sent home visitors to provide guidance and model healthy behaviors to the urban poor.[ii] Over time, new professions were created to support families in the home. The Settlement House movement of the early 1900s propelled the Progressive Era in the United States, promoting visiting nurses, teachers, and social workers.[iii] Federal interest in the needs of mothers and young children led to the passage in 1935 of Title V, the Maternal and Child Health Program (which was later converted to a block grant). In the 1960s, the War on Poverty increased awareness of early child care and child development.

In the early 1970s, C. Henry Kempe, a crusader for the prevention of child maltreatment, advocated for a universal approach to prevention through a network of home health visitors.[iv] Influenced by this approach, modern home visiting began with Hawaii's implementation of the Healthy Start Project in 1975.[v] In 1977, David Olds initiated the first randomized control trial of what would become the Nurse-Family Partnership model, marking the beginning of rigorous evidence building in home visiting.[vi] Political and community support for home visiting also began to gather and, bolstered by state and foundation funding, led to the creation of the first Parents as Teachers program in 1981.[vii]

The bourgeoning development of home visiting models continued throughout the 1990s. In 1992, Healthy Families America emerged from the National Committee to Prevent Child Abuse (now Prevent Child Abuse America),[viii] with funding support from Ronald McDonald Children's Charities (now Ronald McDonald House Charities). Critical to the design of Healthy Families America was the development of infrastructure to replicate the model, including training, technical assistance, and an accreditation system to assess implementation. This laid the groundwork for the national expansion of home visiting models a decade later. Models also emerged from practice communities and academic settings, including Minding the Baby, which began in 2002 as a collaboration of the Yale Child Study Center, Yale School of Nursing, Fair Haven Community Health Center, and Cornell Scott-Hill Health Center.[ix]

In the new millennium, several models established national offices, and six of the largest models collaborated to create a national forum.[x] Its focus was to improve home visiting and develop benchmarks for measuring quality. In 2009, the U.S. Department of Health and Human Services (HHS) established the Home Visiting Evidence of Effectiveness project (HomVEE) to review the evidence base for home visiting models.[xi] Bipartisan support for evidence-based home visiting led to the creation of the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) in 2010. Five years later, MIECHV funding was reauthorized through 2017.

Home Visiting: A Timeline

1899
Mary Richmond publishes her manual for home visiting, "Friendly Visiting Among the Poor: A Handbook for Charity Workers."

1900–1920s
Settlement houses for the urban poor are expanded.

1935
Congress passes Title V, the Maternal and Child Health Program.

1960s
The War on Poverty emphasizes support for early child care and development.

1970s
C. Henry Kempe proposes home health visiting to prevent child abuse and neglect.

1974
Congress passes the Child Abuse Prevention and Treatment Act.

1975
Hawaii implements the Healthy Start Project.

1977
David Olds begins randomized clinical trials that lead to Nurse-Family Partnership.

1981
The Missouri Department of Education designs first Parents as Teachers program.

1992
Healthy Families America is established.

1994
Head Start expands home visiting to children from birth to age 3 (Early Head Start).

2000
National Home Visiting Forum convenes for first time.

2009
HHS launches HomVEE to review the evidence base for home visiting models.

2010
Congress invests $1.5 billion in home visiting through MIECHV.

2011
Pew Charitable Trusts hosts the first National Summit on Quality in Home Visiting Programs.

2015
Congress reauthorizes MIECHV funding through 2017.

Evidence-Based Models

Home visiting models vary based on factors such as their target audience, the outcomes they prioritize, and the duration and frequency of home visits. As of June 2017, 20 home visiting models met rigorous HHS criteria for evidence of effectiveness, as determined by HomVEE (see NHVRC Model Profiles):

- Attachment and Biobehavioral Catch-Up (ABC) Intervention
- Child FIRST*
- Early Head Start-Home Visiting (EHS)*
- Early Intervention Program for Adolescent Mothers
- Early Start (New Zealand)
- Family Check-Up for Children*
- Family Connects*
- Family Spirit*
- Health Access Nurturing Development Services (HANDS) Program*
- Healthy Beginnings
- Healthy Families America (HFA)*
- HealthySteps[2]
- Home Instruction for Parents of Preschool Youngsters (HIPPY)*
- Maternal Early Childhood Sustained Home-Visiting Program (MECSH)
- Minding the Baby*
- Nurse-Family Partnership (NFP)*
- Oklahoma's Community-Based Family Resource and Support (CBFRS) Program[3]
- Parents as Teachers (PAT)*
- Play and Learning Strategies (PALS)*
- SafeCare Augmented*

** Designates the 13 models that met HHS criteria for evidence of effectiveness and were operating in the United States in 2015, the year for which data are reported in this Yearbook. HomVEE reviews are ongoing.*

[2] During a recent update, HomVEE revised the HealthySteps profile to include changes to the model, noting home visiting is not HealthySteps' primary service delivery strategy. States could implement HealthySteps with MIECHV funds in fiscal years 2014 and 2015 but could no longer do so beginning in fiscal year 2016.

[3] Oklahoma's Community-Based Family Resource and Support Program is no longer in operation. See https://homvee.acf.hhs.gov/models.aspx for details.

Why Home Visiting?

The first 5 years of life are the building blocks for children's future health, development, and academic achievement.[xii] In fact, children's early experiences and interactions with adults shape brain development and serve as the foundation for subsequent learning.[xiii, xiv, xv] Early childhood home visiting empowers parents and caregivers to meet their family's needs and to engage more fully in their children's care and growth. The results are improved outcomes and positive returns on investment for adults and children alike.

Home visiting has a strong evidence base, with many studies showing that it works.[4] As a two-generation approach, home visiting has the potential to improve outcomes across a range of domains, such as child health, school readiness, parent economic self-sufficiency, and parenting practices. Not all domains have been well studied or have demonstrated improvement across all home visiting models.[5] Here we highlight examples of home visiting's demonstrated impact on critical needs.[xvi, xvii]

[4] For more comprehensive reviews of the evidence base for home visiting, see *Solving Social Ills Through Early Childhood Home Visiting*, retrieved from http://www.pewtrusts.org/en/research-and-analysis/reports/0001/01/01/solving-social-ills-through-early-childhood-home-visiting and *Components Associated with Home Visiting Program Outcomes: A Meta-analysis*, retrieved from https://www.ncbi.nlm.nih.gov/pubmed/24187111.

[5] For details about models by outcome domain, see evidence reviews conducted by HomVEE, Home Visiting Evidence Effectiveness: Outcomes, retrieved from https://homvee.acf.hhs.gov/outcomes.aspx

Healthy Babies

Access to prenatal care prevents birth complications for both infants and mothers and reduces health care costs.[xviii] Unfortunately, national data reveal that not all babies get a healthy start:[6]

- Six percent of expectant mothers had delayed or no prenatal care.[xix]
- Ten percent of infants were born prematurely.[xx]
- Approximately 6 percent of infants died before age 1.[xxi]

Home Visiting as Part of the Solution

Home visitors work with expectant and new mothers to ensure optimal care in pregnancy and infancy. Indeed, pregnant home visiting recipients are more likely to access prenatal care and carry their babies to term.[xxii] Home visiting also promotes infant caregiving practices like breastfeeding, which has been associated with positive long-term outcomes related to cognitive development and child health.[xxiii]

Safe Homes and Nurturing Relationships

Preventable injuries and abuse happen all too frequently to children in the United States:

- Nineteen percent of children under 18 visited the emergency room because of accident or injury between 2010 and 2013.[xxiv]
- Unintentional injuries were a leading cause of death and disability among children aged 1–4.[xxv]
- The rate of substantiated child abuse was 9 per 1,000 children under 18, with the majority of victims under age 1.[xxvi]

Home Visiting as Part of the Solution

Home visitors provide parents with knowledge and training to make their homes safer. For example, educating parents about how to "baby proof" their home can reduce unintentional injuries. Home visitors also teach parents how to engage with their children in positive, nurturing, and responsive ways, thus reducing child maltreatment.[xxvii]

[6] Data presented in this section are from 2014 unless otherwise indicated. For national and state data about maternal and child health indicators of well-being, see appendix 2.

Optimal Early Learning and Long-Term Academic Achievement

Because the early years of life are critical to brain development, parent-child activities like reading together are linked to future academic achievement. Nationally, many children do not get the start they need to launch a positive academic trajectory:

- Sixty-four percent of fourth graders failed to meet standards for reading proficiency in 2015.[xxviii]

Home Visiting as Part of the Solution

Home visitors offer parents timely information about child development, helping them recognize the value of reading and other activities for children's learning. This guidance translates to improvements in children's early language and cognitive development, as well as academic achievement in grades 1 through 3.[xxix, xxx]

Self-Sufficient Parents

Many people do not have the education and job opportunities they need to successfully navigate the transition to parenting and adulthood:

- For 14 percent of children under 18, the head of household had less than a high school diploma.
- For another 45 percent of children under 18, the head of household had only a high school diploma.[xxxi]
- Approximately 3 in 10 children under age 18 lived in families where no parent had regular, full-time employment.[xxxii]

Home Visiting as Part of the Solution

Home visitors help parents set goals to promote their financial self-sufficiency. This support translates to better education and employment outcomes. Compared with their counterparts, parents enrolled in home visiting have higher monthly incomes, are more likely to be enrolled in school, and are more likely to be employed.[xxxiii, xxxiv, xxxv, xxxvi]

Strong Return on Investment

Studies of the cost-effectiveness of home visiting[xxxvii] show yields of $1.80 to $5.70 for every dollar invested.[xxxviii]

For example, home visiting can reduce child emergency room visits, lowering health care expenses.[xxxix] It can help identify developmental and social-emotional delays so children can access services early, lowering future mental health and special education costs.[xl] Among adult participants, outcomes include higher employment rates and tax revenues, reduced criminal activity, and reduced reliance on welfare programs.[xli] This strong return on investment is consistent with established research on other types of early childhood interventions.[xlii]

My mom was only 15 when I was born. My father was convicted of murder shortly afterwards. I grew up in a housing project in Sarasota, Florida. The odds were really against me succeeding.

Even now at 28 years old, one thing I remember from my childhood is HIPPY. My mom has told me through the years how the HIPPY home visitor would coach her. Then my mom would do the math and reading lessons with me.

I am grateful to this day that my mom cared and took the time to get this help for my benefit.

Thanks to HIPPY, I graduated from high school and from college. Today, I am teaching, coaching football, mentoring young men, and helping out at the United Way Resource Center.

Leroy Butler, ***former home visiting participant and current board member for Home Instruction for Parents of Preschool Youngsters (HIPPY)***

Photo courtesy of Leroy Butler

How Is Home Visiting Funded?

Early childhood home visiting is provided to recipients at no cost to them. Agencies blend dollars from funding sources at the federal, state, and local levels to cover the cost of services. MIECHV has provided a significant boost of federal funding for evidence-based home visiting, but MIECHV awardees and other agencies that operate home visiting programs seek diverse funding streams to reach the many more families who could benefit.

Aside from MIECHV, states may allocate federal dollars toward home visiting from Title V of the Maternal and Child Health Block Grant Program, Temporary Assistance for Needy Families, Medicaid, Healthy Start, and the Community-Based Child Abuse Prevention Program. For example, prior to first receiving MIECHV funds in 2010, Louisiana combined state general funds, federal maternal and child health dollars, Medicaid dollars, and Temporary Assistance for Needy Families funding to support implementation of the Nurse-Family Partnership model.[xliii] For decades, states have also drawn on a mix of general and dedicated funds to support home visiting, including tobacco settlements and taxes, lotteries, and budget line items. Funding is made available through health, education, and human services agencies.

States, local agencies, nonprofit organizations, and research institutes also leverage private dollars to develop, implement, and expand home visiting services. Examples of organizations that support or have supported home visiting include the United Way, March of Dimes, and philanthropic partners such as the Robert Wood Johnson Foundation, Heising-Simons Foundation, W. K. Kellogg Foundation, Richard W. Goldman Family Foundation, Pew Charitable Trusts, and others.

About MIECHV

Since 2010, Congress has invested $1.85 billion through MIECHV to help states expand and implement evidence-based home visiting. MIECHV dollars contribute to service delivery and help build the infrastructure needed to sustain home visiting. These investments strengthen system integration and workforce development. Three percent of MIECHV funds are designated for tribal awardees.

MIECHV is committed to evidence; it requires state awardees to devote the majority of funds toward implementing evidence-based models. Three percent of MIECHV funds are set aside to further bolster the home visiting evidence base through research and evaluation. Awardees must also monitor and report on performance.[xliv]

The number of families served by MIECHV programs quadrupled between 2012 and 2015. In 2015, MIECHV state awardees served—

- Twenty-six percent of all counties
- Twenty-nine percent of urban counties
- Twenty-three percent of rural counties[xlv]

CHAPTER TWO

The Early Childhood Home Visiting National Landscape

This chapter presents national data about home visiting. The data come from evidence-based models, state agencies, and public data sources.

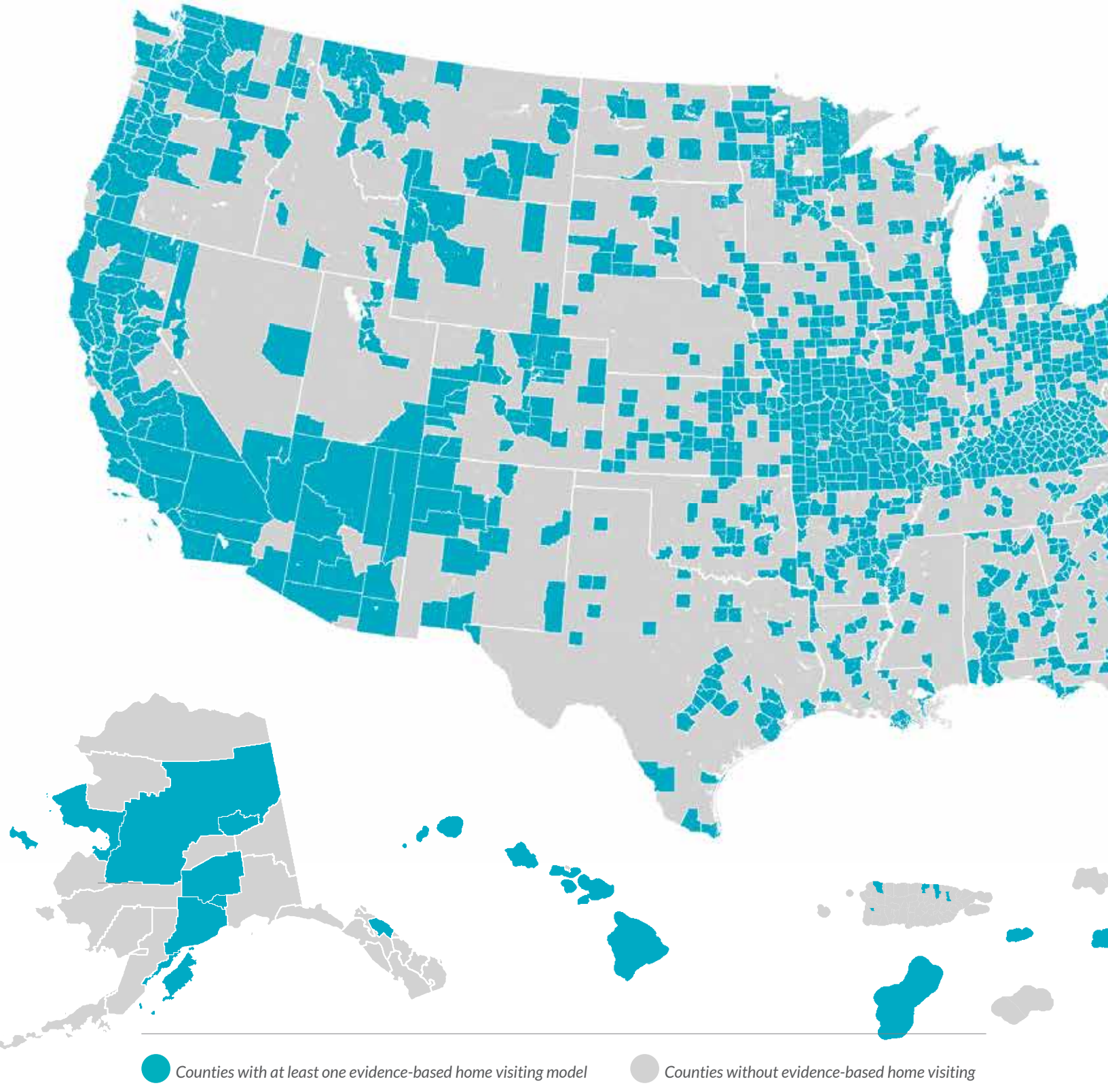
The service data are based on the best information available but are not complete. States have great flexibility in using blended funding streams to implement home visiting models that meet local needs. There is no standard reporting mechanism for home visiting across models and states outside of MIECHV. Some models and states were unable to respond to our requests for data or could provide only partial data. And although MIECHV is an important funding source and a key driver of evaluation and innovation, there are many local and promising home visiting programs funded by other sources that we were unable to include.

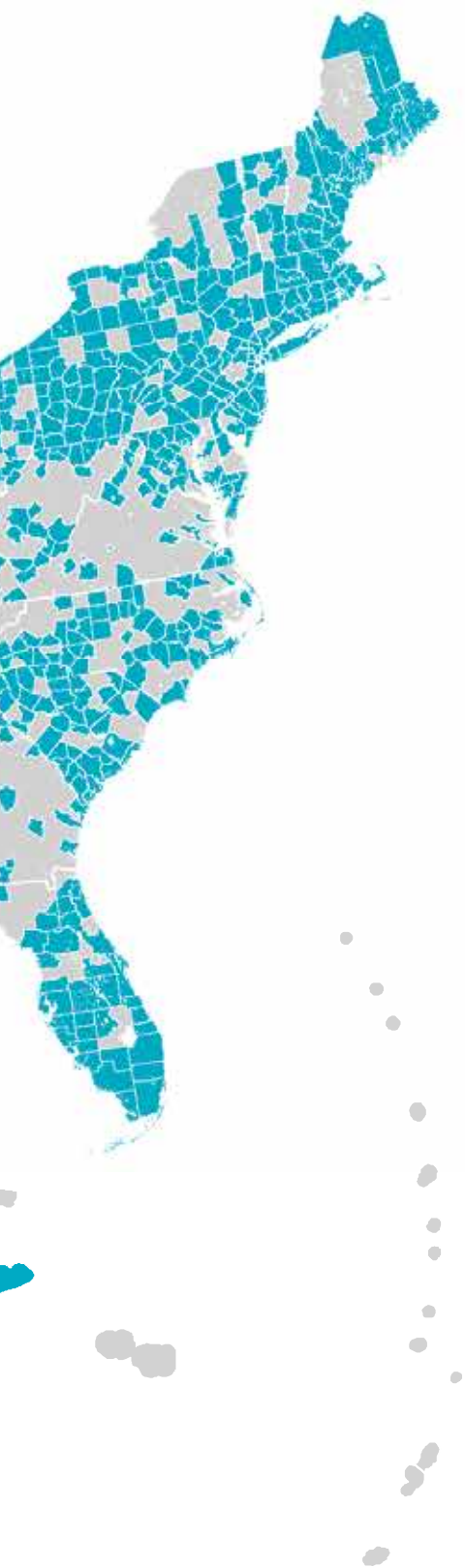
Despite these limitations, the national landscape portrayed here tells the most complete story yet about home visiting. It presents—

- Information on where home visiting programs operate
- The number and characteristics of families and children who are served by home visiting
- The number and characteristics of families and children who could benefit from home visiting
- Information about the home visiting workforce

Where Do Home Visiting Programs Operate?

Exhibit 1. Evidence-Based Home Visiting by County (2015)





Evidence-based early childhood home visiting programs operate in all 50 states, the District of Columbia, and 5 territories.

Home visiting is also provided to American Indian and Alaska Native families both on and off reservations, including families in 25 tribal communities that have received MIECHV funds. As shown in exhibit 1, services are concentrated in the Northeast, the West Coast, and parts of the Midwest and Southwest. Coverage is lower in rural and frontier areas.

Approximately 40 percent of all U.S. counties have at least one local home visiting agency offering evidence-based home visiting.[7] States must balance limited resources with a desire to reach as many families and communities as possible. Some fund home visiting in all counties. The Kentucky Health Access Nurturing Development Services (HANDS) program, for example, offers home visiting to first-time parents in every county across the state. Thirteen states offer evidence-based home visiting services in 75 percent or more of their counties. Others concentrate funds in high-needs communities or urban areas or do not have funds to serve families throughout the state. Ten states offer services in fewer than 25 percent of their counties.

[7] Estimates are based on data collected from 11 evidence-based model developers on the locations of their local implementing agencies and data on MIECHV-funded counties posted on the Health Resources and Services Administration web site: http://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/home-visiting-program-state-fact-sheets. The 11 models that provided location data are Child First, Early Head Start (EHS), Family Check-Up, Family Connects, Family Spirit, Healthy Families America (HFA), Home Instruction for Parents of Preschool Youngsters (HIPPY), Nurse-Family Partnership (NFP), Parents as Teachers (PAT), Play and Learning Strategies (PALS), and SafeCare.

Local Agencies

In 2015, more than 3,200 local agencies delivered evidence-based home visiting. Local agencies are usually housed in a central location and serve families in nearby communities. Some are city or county based, while others work across a broader geographic area, which may involve extensive travel to participants' homes. For example, an agency in a rural area may serve families beyond the county in which it is located. Local agencies are operated by state and local government offices, such as departments of health, human services, or education, as well as schools and school districts, hospitals and health clinics, tribal organizations, nonprofit organizations, and faith-based organizations.

Rural Home Visiting in Action

The Rural Home Visiting Project seeks to reduce service gaps in rural and frontier communities in Washington State by helping them bring trained professionals to families' doorsteps. Since 2014, the project has conducted community planning with eight rural counties to help them establish evidence-based home visiting services. Four of those counties received awards through a public-private fund established by the state to promote home visiting innovation, says Liv Woodstrom, the project lead and community partnerships manager at Thrive Washington.

The project's community planning process engages stakeholders to help counties map out their current infrastructure and determine how to coordinate services. Participants also discuss local priorities such as reducing teen pregnancy or focusing on education as a path to economic success. The process enables counties to ramp up their caseloads quickly, Woodstrom says. Grantees have already served more than 160 families.

Liv Woodstrom, ***project lead and community partnerships manager, Thrive Washington***

Photo courtesy of Thrive Washington

Who Receives Home Visiting Services?

There is no single data source about the recipients of evidence-based early childhood home visiting services. We reached out to all home visiting models that were considered evidence based in 2015 and to all state, territory, and tribal MIECHV awardees. The responses, while not complete, begin to describe the hundreds of thousands of families working with home visitors to pursue better lives.

The national profile on the following page quantifies and describes the families served through evidence-based home visiting models in 2015, regardless of how the services were funded. Of the 13 models operating across the United States in 2015, 7 provided data on the number of families and/or children served, and 5 of the largest models also provided data on the characteristics of those participants. The respondents reported serving 269,206 families and 311,976 children and providing 2,368,136 home visits. One in 4 families had infants under 1 year old, and 1 in 4 parents did not have a high school diploma.

NOTES

Models Thirteen models operating in the United States in 2015 met HHS criteria for evidence of effectiveness at that time: Child First, Early Head Start (EHS), Family Check-Up, Family Connects, Family Spirit, Health Access Nurturing Development Services (HANDS), Healthy Families America (HFA), Home Instruction for Parents of Preschool Youngsters (HIPPY), Minding the Baby, Nurse-Family Partnership (NFP), Parents as Teachers (PAT), Play and Learning Strategies (PALS), and SafeCare. HFA, HIPPY, Minding the Baby, NFP, and PAT provided data on the number of families served. Child First, EHS, HFA, HIPPY, NFP, and PAT provided data on the number of children served. EHS, HFA, HIPPY, NFP, and PAT provided participant data. HFA, HIPPY, NFP, and PAT provided data on the number of home visits completed. Four of the five models that provided participant data were able to provide data on educational attainment: EHS, HIPPY, NFP, and PAT.

Ethnicity includes data from the following models: EHS, HFA, HIPPY, NFP, and PAT. HFA, HIPPY, and NFP reported ethnicity for adult participants. EHS reported ethnicity for children and pregnant women. PAT reported ethnicity for children.

Race includes data from the following models: EHS, HFA, HIPPY, NFP, and PAT. HFA, HIPPY, and NFP reported race for adult participants. EHS reported race for children and pregnant caregivers. PAT reported race for children.

Educational attainment includes data from the following models: EHS, HIPPY, NFP, and PAT.

Child age includes data from the following models: EHS, HFA, HIPPY, NFP, and PAT.

Child insurance status includes data from the following models: EHS, HFA, HIPPY, and NFP. Public insurance includes Medicaid, State Children's Health Insurance Program, Tri-Care, and Early and Periodic Screening, Diagnostic and Treatment.

Primary language includes data from the following models: EHS, HFA, HIPPY, and NFP. EHS reported primary language of children and pregnant women. HIPPY and NFP reported primary language of children. HFA reported primary language of adult participants.

NATIONAL PROFILE

Families Served Through Evidence-Based Home Visiting in 2015

2,368,136
home visits provided

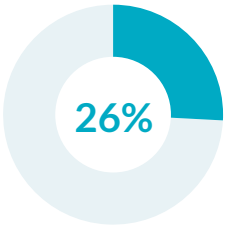
269,206
families served

311,976
children served

Race

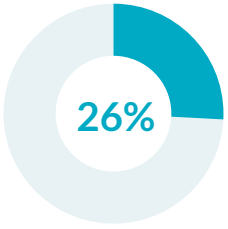
- **4%** American Indian/ Alaska Native
- **59%** White
- **2%** Asian
- **10%** Multiple
- **20%** Black
- **4%** Other
- **1%** Native Hawaiian/ Pacific Islander

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **25%** < 1 year
- **43%** 1-2 years
- **32%** 3-5 years

Child insurance status

- **81%** Public
- **10%** Private
- **9%** None

Primary language

- **75%** English
- **21%** Spanish
- **4%** Other

Families Served Through MIECHV in 2015

MIECHV demonstrates a significant federal investment in evidence-based home visiting[8] but accounts for only a portion of the total number of families reached. MIECHV awardees are required to report annually about the families they serve. We reached out to states and territories to request this information, and most (46 of 56) shared it with us. Supplemented with publicly available information from the Health Resources and Services Administration, we calculated the reach of MIECHV-funded services in 2015.

State and territory MIECHV awardees served 77,365 families and more than 63,501 children[9] and provided 929,365 home visits in 2015.[10] Tribal MIECHV awardees served an additional 1,697 families and 1,726 children and provided 17,850 home visits in 2015.

To maximize limited resources, MIECHV requires awardees to prioritize families living in at-risk communities as identified by statewide needs assessments. MIECHV also encourages awardees to target priority populations to serve families most in need.[xlvi]

High-priority families include those with—

- Low incomes
- Pregnant women under 21
- History of child maltreatment or prior involvement with the child welfare system
- History of substance abuse or current need of substance abuse treatment
- Current tobacco use in the home
- Children with low student achievement
- Children with developmental delays or disabilities
- Individuals who are serving or have served in the military

More than three-quarters of households served through MIECHV reported annual family incomes below the federal poverty guidelines (approximately $20,000 for a family of three in 2015). One-third of caregivers served were under 21 years old (34 percent), and about one-third did not have a high school diploma.

For more information, see the MIECHV State Data Tables on page 190.

[8] MIECHV families are a portion of total families served by evidence-based models, but because of the way data are collected (aggregated across all models in MIECHV reporting, with promising approaches included), the overlap between model data and MIECHV data cannot be determined.

[9] Data on children served are not publicly available, so this count is based on the data shared by 46 of 56 states and territories.

[10] The models represented in the MIECHV numbers are Child First, EHS, Family Spirit, Family Check-Up, HealthySteps, HFA, HIPPY, NFP, PAT, and SafeCare.

Families Served Through MIECHV in 2015: State and Territory Awardees

929,365
home visits provided

77,365
families served

63,501
children served

Families Served Through MIECHV in 2015: Tribal Awardees

17,850
home visits provided

1,697
families served

1,726
children served

I didn't know much about raising a child, especially while trying to fight an addiction. [My home visitor Chris] stepped in to assist us when we needed it the most. I felt like if I went back to my old ways that not only would I be letting [my daughter] down but my family and him as well. I have now been clean for 17 months.

— Crystal Gray, *home visiting participant*

Photo courtesy of Matthew Johnson/Urban Institute

How Many Families and Children Could Benefit From Home Visiting?

Early childhood home visiting provides support and connections that can benefit all pregnant and parenting families. Nationally, we estimate that 18.3 million pregnant women and families are potential beneficiaries, including all pregnant women and families with children under 6 years old and not yet in kindergarten.[11] This broad estimate includes 17 million families with young children and 1.3 million pregnant women without young children.

Many families have more than one child who could benefit from home visiting. If we estimate the number of individual children rather than families, we find 23.7 million children could potentially benefit from home visiting. This number includes 3.7 million infants (under 1 year), 7.9 million toddlers (1–2 years), and 12.1 million preschoolers (3–5 years and not yet in kindergarten).

Home visiting has great potential to improve the lives of all young children and families, yet limited resources restrict the number that receive services. As a result, most home visiting services are geared toward particular subpopulations, including the following.

Families with Infants

The first few months after a baby's birth can be stressful for any family, regardless of income, race, or other factors.[xlvii, xlviii] Across the United States, there are approximately 3.5 million families with infants (see exhibit 2). Some home visiting models, such as Family Connects (originally Durham Connects), are available to all families with newborns in their service area, regardless of income. Such community-wide programs take a universal approach to supporting parents after a birth and connecting them to the resources they need.

[11] As detailed in appendix 2, these estimates are derived from the 2010–2014 American Community Survey (https://usa.ipums.org/usa/index.shtml), the most recent 5-year file available at the time of analysis. The estimate of pregnant women is based on mothers with infants, with certain adjustments.

Low-Income Families

Children growing up in poverty are at risk of entering kindergarten with lower school readiness than other children.[xlix] More than 1 in 4 potential home visiting beneficiaries are poor—that is, they have annual family incomes less than 100 percent of the federal poverty threshold. Still more families experience financial stress, even if their incomes rise above that level. Home visiting models such as Early Head Start focus on low-income families, working with parents to set goals, continue their education, and find employment.

Pregnant Teens and Young Mothers Under 21

Children born to teen mothers are at higher risk of maltreatment and school failure than children born to older mothers.[l, li] Home visiting can give teen mothers the support they need to complete their educations, enter the workforce, reduce subsequent unintended pregnancies, and avoid long-term poverty. At the local level, many programs prioritize enrollment of pregnant teens and young mothers.

Other

Other priority populations include single mothers, parents with low education, families with a history of substance abuse or child maltreatment, children with developmental delays, and other families at risk of poor child outcomes. It is not possible to quantify some of these families in our *Yearbook* estimates based on the American Community Survey, which does not collect data on substance abuse, child maltreatment, or developmental delays. We provide estimates of five potential targeted populations in exhibit 2; see appendix 2 for alternate estimates based on other maternal and child health indicators that commonly reflect child risk and/or child well-being.

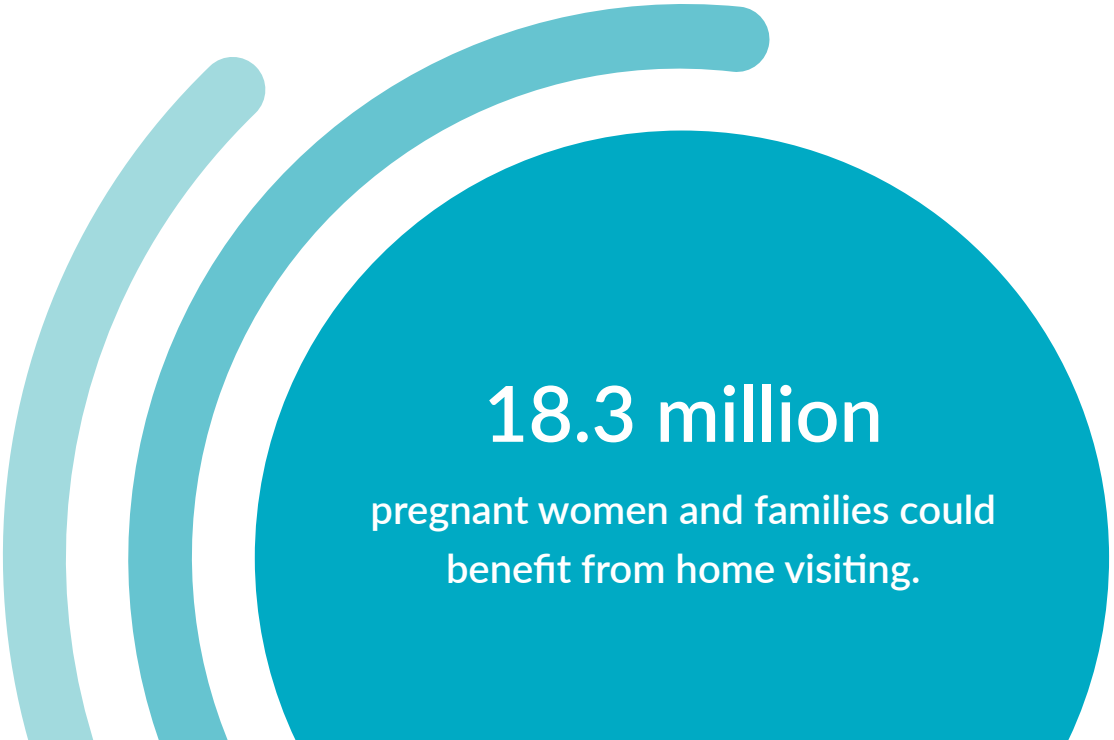


Exhibit 2. Potential Beneficiaries of Early Childhood Home Visiting Services: Targeted Populations

	Number	Percentage of potential beneficiaries
Potential beneficiaries		
Pregnant women and families with children under 6 years old not yet in kindergarten	18,281,000	100
Targeted populations among potential beneficiaries		
Families with infants under 12 months	3,493,000	19
Families and pregnant women with income below poverty threshold	4,810,000	26
Pregnant teens and mothers under 21 years	611,000	3
Single mothers and pregnant woman	3,965,000	22
Parents and pregnant women with less than a high school education	2,297,000	13

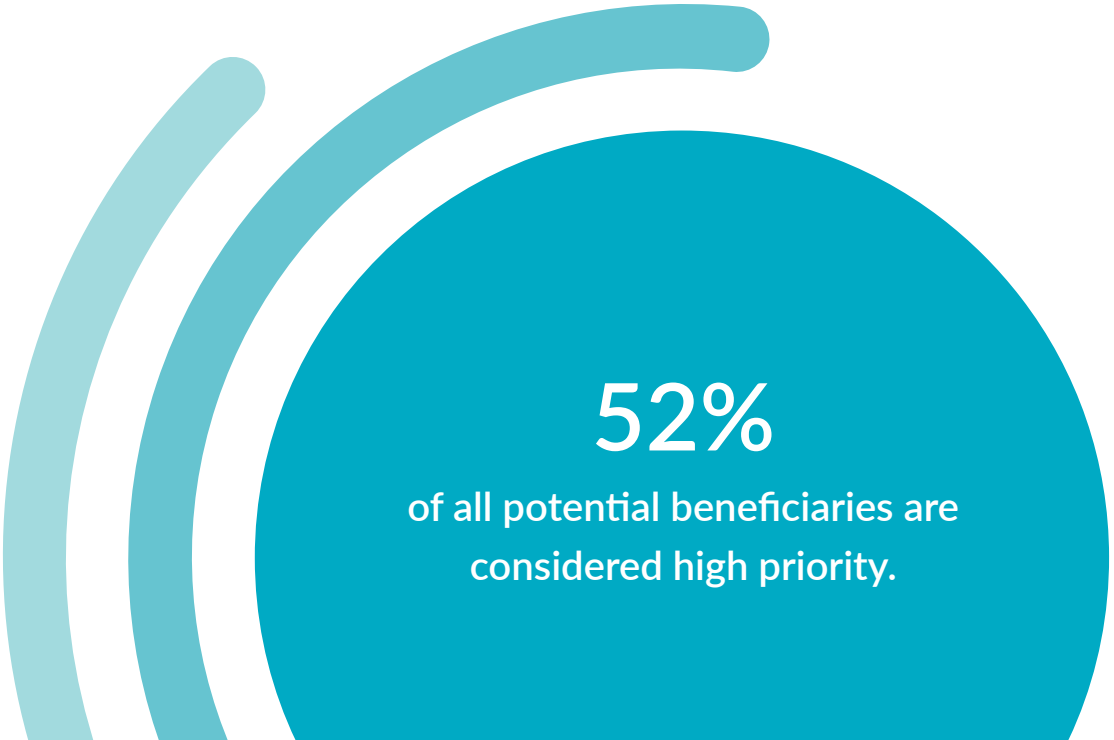
To identify a subpopulation of high-priority families within each state, we estimate the number and percentage of families who meet *any 1 of 5* targeting criteria: (1) having an infant, (2) income below the federal poverty threshold, (3) teen pregnancy or mother under 21, (4) single/never married mother or pregnant woman, or (5) parents without a high school education (see exhibit 3). This definition was chosen to be useful to states, whether they aim to serve all infants or to focus on families with at least one demographic or economic characteristic associated with poor developmental outcomes.

Source for exhibits 2 and 3: Author tabulations of American Community Survey, 2010–2014. Note: See appendix 2 for more detail on the data source and variable definitions.

Exhibit 3. Potential Beneficiaries of Early Childhood Home Visiting Services: High-Priority Families

	Number	Percentage of potential beneficiaries
Potential beneficiaries		
Pregnant women and families with children under 6 years old not yet in kindergarten	18,281,000	100
High-priority families		
Pregnant women and families meeting any one of five targeting criteria	9,577,000	52
Pregnant women and families meeting two or more targeting criteria	3,982,000	22

More than half (52 percent) of all pregnant women and families with children not yet in kindergarten meet *at least 1 of the 5* criteria above, and 22 percent meet 2 or more criteria. The percentage of high-priority families meeting at least 1 criteria ranges from 47 percent in New Hampshire to 67 percent in the District of Columbia (see appendix 2). These estimates show that all states have large numbers of families who are likely to benefit from home visiting, even though actual targeting criteria differ from state to state and from program to program.



Who Provides Home Visiting?

Home visitors are frontline staff from local agencies who work with families in their homes. They are nurses, social workers, early childhood specialists, or paraprofessionals trained to conduct home visits with pregnant women and families with young children.

Home visitors are supported by supervisors who encourage their professional and personal growth. Supervisors help manage caseloads, ensure staff responsibilities are completed, and support home visitors to develop skills to serve families better. Sometimes supervisors also provide services to families directly. Agencies may also employ staff who provide administrative, data entry, or data management support.

Successful home visiting depends on trusting relationships. Agencies strive to employ home visitors who can foster connections with families. States and agencies have different requirements for home visitors and supervisors regarding staffing levels, education, experience, and training. Overall, the field is moving toward professionalizing the workforce to standardize and implement the knowledge and skills needed to deliver services successfully.

Home Visitors and Supervisors

Evidence-based home visiting models reported that more than 14,500 home visitors deliver evidence-based services nationwide.[12] The number of home visitors and supervisors varies by state and by funding source. For example, in 2015, Vermont had 12.5 full-time equivalent (FTE) home visitor positions and 2.5 FTE supervisor positions funded by MIECHV, while Iowa had 427 FTE home visitor positions and 190 FTE supervisor positions funded by MIECHV and non-MIECHV sources.

Home Visitor Education

Home visitors and supervisors comprise a skilled workforce with specialized knowledge of topics such as maternal and child health and interpersonal skills for serving diverse families. Some home visiting models require registered nurses or social workers as home visitors, with at least a bachelor's degree, while others allow paraprofessionals. We surveyed model developers and found the minimum hiring requirements for home visitor education vary across models. Minding the Baby requires home visitors to have a master's degree, while Parents as Teachers requires a high school diploma or GED and 2 years of early childhood experience. Recent evidence shows most home visitors have a college degree.[III]

[12] The following models provided data on the number of home visitors: Child First, Early Head Start (EHS), Family Spirit, Healthy Families America (HFA), Home Instruction for Parents of Preschool Youngsters (HIPPY), Minding the Baby, Nurse-Family Partnership (NFP), and Parents as Teachers (PAT).

Several models require supervisors to have a bachelor's degree or higher at the time of hire. For example, Healthy Families America requires a master's degree for supervisors. The NHVRC Model Profiles provide more detail about educational requirements.

Staff Work Experience

Models require different types and levels of experience. Family Spirit recommends home visitors have experience with child health and development, home visiting, and working with children and families. Child First requires experience with early education, child health and development, home visiting, mental health assessments, working with children and families, and working with diverse cultures and ethnicities. For supervisors, most models recommend or require supervisory experience as well.

Training

Home visiting models have initial training requirements for all home visitors ranging from brief webinars to multiday in-person trainings, and some models also require ongoing training. More than half of the states that responded to our survey indicated they have additional initial and ongoing training requirements for home visitors beyond what the models require. The additional training covers topics such as data collection and reporting, screening and assessment, the Health Insurance Portability and Accountability Act (HIPAA), mental health, and domestic violence.

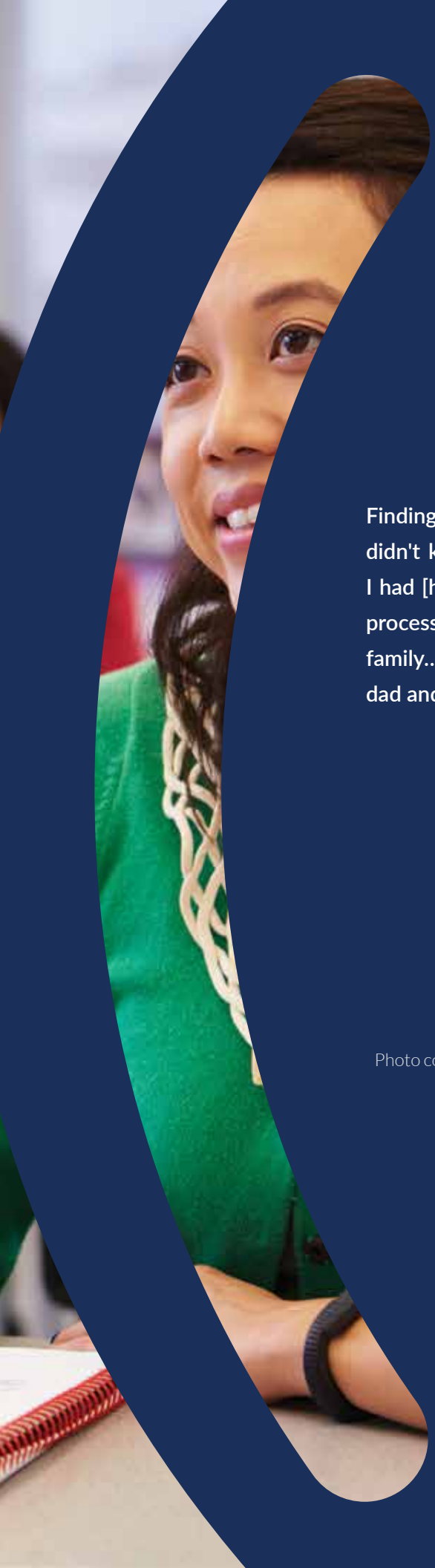
Models require initial training for all supervisors. Some also require or recommend ongoing training for supervisors, while others leave it to local agencies to determine. Half of the states that responded to our survey indicated they have initial training requirements for supervisors, in addition to model requirements, and 44 percent indicated they have additional ongoing training requirements for supervisors. The training typically covers the topics of the home visitor training along with others, such as reflective supervision, recruitment and retention, leadership, and working with an advisory board.

A Push for Professionalism

Many states have taken proactive steps to professionalize the home visiting workforce, including the following in 2015:

- Alabama, Oregon, Pennsylvania, and West Virginia developed core competencies that define knowledge and skill expectations for home visitors.

- Washington, DC, partnered with the Georgetown University Center for Child and Human Development to create a learning community offering in-person training, online modules, and an active email list for sharing information.



Finding out that Brooklyn had Down syndrome was hard for me. I didn't know who I could reach out to, where I could go. Thankfully, I had [home visitor] Stacey and she was able to help me through the process [of accessing services], which was really good. I consider Stacey family…she was the person that I could talk to outside of Brooklyn's dad and just, she was there for me.

Monique Bullen, *home visiting participant*

Photo courtesy of California Department of Health / California Home Visiting Program

CHAPTER THREE

The Early Childhood Home Visiting Local Landscape: States, Territories, and Tribes

The previous chapter presented the national landscape of early childhood home visiting. This chapter drills down to the states, examining their efforts to deliver home visiting services that help children and families thrive. It begins by outlining the challenges states face, the families they serve, and the families who could potentially benefit from home visiting, and then it previews the state-level data available in the sections that follow.

What Is Happening in the States?

States, territories, and tribal organizations implement home visiting models that match the needs of their communities using varied funding streams, including MIECHV.

Maternal and child health indicators provide context on states' respective challenges, which drive their decision making and priorities. For example, 79 percent of women initiated breastfeeding nationally, but the state average ranges from 57 percent in Louisiana to 93 percent in California. Appendix 2 includes details on prenatal care, tobacco use during pregnancy, preterm births and infant mortality, emergency room visits, child abuse, fourth-grade reading proficiency, and breastfeeding.

The number of potential beneficiaries relates to the population size of the state, ranging from 29,400 in Vermont to more than 2 million in California. However, size does not necessarily relate to the percentage of beneficiaries who meet one or more targeting criteria (have an infant or are low income, single parent, teen parent, or parent with less than a high school diploma). The percentage of high-priority families meeting at least one criteria ranges from 41 percent in New Hampshire to 61 percent in the District of Columbia.

States serve as many potential beneficiaries as possible. There are many reasons why they cannot reach all families that could benefit. States have limited funding and often must piece together federal, state, and private dollars to serve families. Geographic challenges can also prevent states from reaching more families. For example, in rural areas, home visitors may travel hours to see one family, which limits the number of families that can be served overall.

States work hard to overcome these barriers. The number of families states served in 2015 ranged from 200 to 31,000. Some states have an expansive network of local programs implementing evidence-based home visiting. For example, Illinois has more than 200 local programs implementing 8 models across the state, serving more than 11,500 families. Others have fewer local programs but still reach many families. States have flexibility to adapt to the needs of their communities and the available resources.

Where Can I Learn More About My State?

The NHVRC compiled information from evidence-based models, national databases, and state MIEHCV data to detail state-level efforts. For a closer look, see the following:

NHVRC State Profiles

Provide state-level information from the evidence-based models, including families served and potential beneficiaries. See page 64 or visit our web site:

nhvrc.org/explore-research-and-data/hv-by-state

NHVRC Model Profiles

Describe the evidence-based models, including states and families served. See page 170 or visit our web site:

nhvrc.org/discover-home-visiting/models

MIECHV State Data Tables

Provide information on families served specifically by MIECHV-funded programs. See page 190.

My hopes for my future and my husband's is eventually we want to go back to school. He wants to be a math teacher someday. I'm trying to push him to do that when it's obviously financially feasible for us to do it. For me, I think I want to be a school counselor because I really like to talk to people and help them through stuff.

—Kristi Diffin, *home visiting participant*

Photo courtesy of Lydia Thompson/Urban Institute

Take-Home Messages

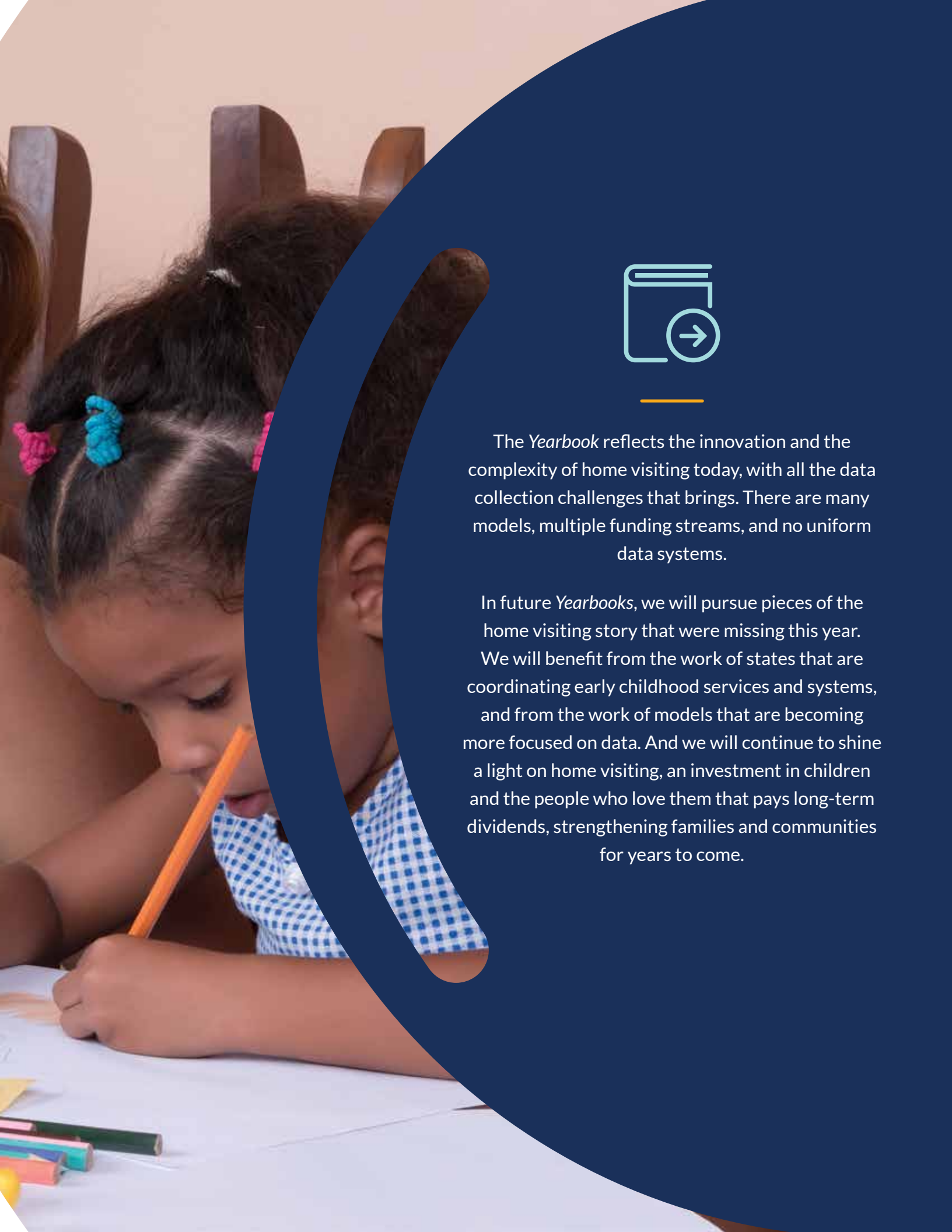
Early childhood home visiting is a proven service delivery strategy for helping children and families thrive. It can change the future for two generations by meeting families where they are—in their homes and in their lives.

Every day, home visitors give parents the tools they need to make sure their children are healthy and ready to learn, often while breaking down barriers to achieving financial self-sufficiency and continuing their own education. Home visitors serve families in urban, rural, suburban, and tribal settings. They serve parents who don't have family nearby and feel isolated, new single parents who are learning to juggle new responsibilities, military spouses who are parenting solo through deployments, and teen parents who are completing high school—all at no cost to the recipients.

Home visiting helps families through one of the most joyful but challenging times in their lives and lets them know they are not alone. It is voluntary and flexible. Home visitors get to know each family and connect them with services in the community if they need them.

The *2017 Home Visiting Yearbook* expands our understanding of who receives, administers, and funds home visiting:

- More than a quarter of a million families received evidence-based home visiting services in 2015 over the course of more than 2 million home visits. About 18 million pregnant women and families (including more than 23 million children) could benefit from home visiting but are not being reached.
- States have backed home visiting for decades by combining funds from tobacco settlements and taxes, lotteries, and budget line items with federal dollars. With limited resources, states are working to expand the reach of home visiting and serve as many families as they can in a way that makes sense on a local level.
- Home visiting has been strengthened through MIECHV, which has awarded $1.85 billion in federal funding to states since 2010. The funds support home visiting services, research, and local infrastructure to develop early childhood systems. Awardees have the flexibility to choose the evidence-based home visiting models that work for them.
- Evidence-based home visiting is now implemented in all 50 states, the District of Columbia, 5 territories, 25 tribal communities, and 40 percent of counties.
- Researchers are expanding the evidence base demonstrating home visiting's effectiveness and cost-effectiveness in improving outcomes for children and parents. Their findings help decision makers implement programs that work and help practitioners improve.
- The home visiting field continues to advance. States and models have cultivated a professional home visiting workforce by requiring key competencies, qualifications, and training.



The *Yearbook* reflects the innovation and the complexity of home visiting today, with all the data collection challenges that brings. There are many models, multiple funding streams, and no uniform data systems.

In future *Yearbooks*, we will pursue pieces of the home visiting story that were missing this year. We will benefit from the work of states that are coordinating early childhood services and systems, and from the work of models that are becoming more focused on data. And we will continue to shine a light on home visiting, an investment in children and the people who love them that pays long-term dividends, strengthening families and communities for years to come.

APPENDIX 1

Methodology

The NHVRC team relied on data from multiple sources. The team used a mixed-methods approach, gathering quantitative and qualitative data from publicly available datasets, MIECHV administrative data, evidence-based model administrative data, and NHVRC interviews and surveys. The *Yearbook* combines data from various sources to describe—

- Home visiting in each state through model data
- The federal contribution to home visiting through MIECHV administrative data
- Who could potentially benefit from home visiting through data from the American Community Survey (ACS)

Model and MIECHV Data

Sample and Recruitment

The team collected data from various stakeholders to capture comprehensive information about home visiting at the local, state, and national levels.

To prepare for data collection in year 1, the team gathered contact information for state MIECHV agencies, tribal MIECHV programs, and evidence-based model developers. Contact information for representatives from these entities is available on the Health Resources and Services Administration, Administration for Children and Families, and HomVEE web sites. We sent initial emails to agency contacts providing them with background information about the project and asking to set up an interview. If we did not receive a response via email, we contacted them via phone to introduce them to the project and ask them to contribute to the study.

The team reached out to—

- State and territory MIECHV agencies (56)
- Tribal MIECHV awardees (25)
- Evidence-based models (17)

Interviews

The team began data collection by contacting model developers and state MIECHV leads for a short (30-minute) introductory interview. "State" here refers to both state and territory MIECHV agencies. The interview informed participants of the project goals, allowed for conversations about available data, and introduced survey questions. We prepared participants to complete the survey by giving them guidance about the types of information they would need to compile before they completed the survey.

Interviews were conducted with the following participants:

- State MIECHV agencies (50/56)
- Tribal MIECHV programs (14/25)
- Evidence-based model developers (17/19)[1]

[1] Although reviewed by HomVEE, HealthySteps is no longer considered to use home visiting as a primary service delivery strategy, so we did not contact this program. Oklahoma's Community-Based Family Resource and Support Program is no longer operating; we contacted this program but did not collect data.

Surveys

After completing the initial interviews, we followed up by sending survey protocols to participants. For the six state agencies that did not participate in an interview, we still followed up with a survey link and provided details in an email about the project to encourage them to participate. For tribal awardees, we sent surveys only to those who agreed to participate. We sent surveys to 17 evidence-based models (see footnote).

We developed separate survey protocols for state MIECHV agencies, tribal MIECHV awardees, and model developers; some standard questions were asked across multiple respondent groups. Surveys took approximately 60 minutes to complete. The team programmed the surveys using Qualtrics software. This allowed participants to save their responses and exit prior to completing the survey and return later.

The survey covered content related to program, participant, and community characteristics; service capacity and enrollment; program implementation; and funding. Participants were asked about programmatic data, not individually identifiable information.

Surveys were completed or partially completed by the following participants:

- State MIECHV agencies (38/56)
- Tribal MIECHV programs (3/3)[2]
- Evidence-based model developers (12/17)

Model Administrative Data

We reached out to the evidence-based models to request aggregate-level administrative data on participants. We shared a list of the participant demographics we were requesting with models during their initial interview to determine which data models could potentially share. The variables we requested mirrored the administrative data state agencies report for MIECHV. We requested the same data elements from models and state MIECHV agencies but accepted the data the models had available, even if they did not perfectly align with the federal reporting elements. Additionally, we requested models share with us lists of the local programs that deliver services so we could compile information about where home visiting services are offered.

[2] Tribal surveys were sent only to the three tribal MIECHV awardees who agreed to participate in the survey during the interview process. Because of the unique nature of tribal awardees, the Administration for Children and Families project officer encouraged us to send surveys only to those awardees who explicitly agreed to participate. We plan to continue to engage all tribal awardees in coming years and work to encourage more participation.

The following number of models shared administrative data:

- Five models shared participant data: Early Head Start (EHS), Healthy Families America (HFA), Home Instruction for Parents of Preschool Youngsters (HIPPY), Nurse-Family Partnership (NFP), and Parents as Teachers (PAT).
- Seven models shared service numbers: Child First, EHS, HFA, HIPPY, Minding the Baby, NFP, and PAT.
- Twelve models shared local program information: Child First, EHS, Family Check-Up, Family Connects, Family Spirit, HFA, HIPPY, Minding the Baby, NFP, PAT, Play and Learning Strategies, and SafeCare.

MIECHV Administrative Data

MIECHV legislation requires awardees to report data yearly to the federal government. These data include information such as participant demographics, number of participants served, and number of home visits conducted. The team asked participants to share a copy of this administrative data report. Most states were able to share data, but a few were not.

The following number of agencies supplied administrative data:

- State MIECHV agencies (46/56)
- Tribal MIECHV programs (3/3)

American Community Survey Data and Documentation

The *Yearbook* catalogs national- and state-level information on potential beneficiaries of home visiting using information from the ACS. We first define potential beneficiaries broadly. We then examine subgroups of families who might be a higher priority for services based on several targeting criteria. ACS data were analyzed for all 50 states and the District of Columbia, but not for territories or tribal communities.

Data Source

The team relied on the 2014 ACS 5-year (2010–2014) file, accessed through the Integrated Public Use Microdata Series (IPUMS).[3] The ACS is a nationwide, ongoing survey designed to provide data on demographic, housing, social, and economic issues. IPUMS grants access to ACS microdata, where each record represents a person.

[3] Ruggles, S., Genadek, K., Goeken, R., Grover, J., & Sobek, M. (2015). *Integrated public use microdata series: Version 6.0* [Machine-readable database]. Minneapolis, MN: University of Minnesota.

Potential Beneficiaries of Services

We define potential beneficiaries of home visiting services to include families and subfamilies with pregnant women and/or children under 6. (Subfamilies are families that live in the household of someone else.) First, we estimate the number of families and subfamilies with children younger than 6 years old who are not yet enrolled in school (that is, not in kindergarten or a higher grade). To this estimate, we add an estimate of the number of families and subfamilies that include a pregnant woman and are not otherwise counted.

Estimates of pregnant women are based on adjusted counts of families with infants because the ACS does not identify pregnancy status. Specifically, we count the number of families with infants but no other children under age 7, as a proxy estimate of pregnant women without a child under age 6 (assuming rough stability in the number of births from 1 year to the next). We multiply the number of families with infants by 0.75 to account for 9-month pregnancy.[4]

Families with High Priority for Services

To identify a subpopulation of "high-priority families," we also count the number of families with young children and pregnant women who meet at least one of five different economic and demographic criteria (as defined below) and the number of families that meet at least two such criteria. We conferred with the NHVRC Advisory Committee to select our targeting criteria. Although other criteria could also be considered, we chose these because they align with several of the priority areas from the MIECHV legislation, they align with several of the model requirements for enrollment, and they are available in the ACS.

[4] We do not attempt to refine the estimate to account for (1) fetal and infant deaths, (2) the fact some 6-year-olds with infant siblings would have been 5-year-olds in kindergarten when their mother was pregnant, or (3) the lag in time before a woman's pregnancy would be verified; the first two adjustments would raise the estimate of pregnant women not already counted, while the third would lower it.

Targeting Criteria

We estimate the number of families with preschool children under 6 and pregnant women who meet each of the following criteria at the national and state levels:

- Presence of an infant; that is, a child younger than 1 year old. *By definition, none of the pregnant women without children under 6 meet this criterion.*
- Poor, where family income is below 100 percent of federal poverty threshold
- Young mother or young pregnant woman. *We define young as under 21 years old for mothers and under 20 for pregnant women.*
- Single mother, never married
- Low parental education. *We count the number of families in which the child's parent(s) have not completed 12th grade.*[5]

[5] In two-parent households, we consider both parents' educational levels; in one-parent households, we consider only that parent's educational attainment. For pregnant women, we look at the education of the mother, and in cases where a father is present when the child is an infant, the father's education level as well.

APPENDIX 2

Maternal and Child Health Indicators: Data and Documentation

The NHVRC team compiled data from several national databases to identify the extent of the need for home visiting services based on maternal and child health indicators beyond the demographic characteristics captured in the American Community Survey (ACS).

We selected these indicators because they are commonly recognized in the field as indicators of child well-being, and they align with the goals of many home visiting programs to promote healthy birth outcomes and long-term child health and development. Included in this appendix are definitions of the indicators and sources of our information. Tables provide national and state data regarding each of these variables.

No or Delayed Prenatal Care

No or delayed prenatal care gives the percentage of mothers who, on their child's birth certificate, report not receiving prenatal care before their third trimester or at all in 2014. In 2003, states and other jurisdictions began to transition to a new version of the standard birth certificate and the last states switched over in 2014. Because of this inconsistency, three states' data are not included: Connecticut, New Jersey, and Rhode Island. **Source:** U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. (2014). *Natality public-use data 2007–2014*: [Web]. Retrieved from CDC WONDER Online Database, April 2016.

Used Tobacco During Pregnancy

Used tobacco during pregnancy gives the percentage of mothers who used tobacco during pregnancy in 2014. All reporting areas, except California, routinely collect information on maternal tobacco use, but the information collected with the 2003 revision of the birth certificate is not comparable to the information collected with earlier versions of the birth certificate. Thus maternal tobacco use data are recoded based on the birth certificate version used by the mother's place of residence in the year of birth. Because of the inconsistency in data collection across states, four states' data are not included in available public records: Connecticut, Hawaii, New Jersey, and Rhode Island. **Source:** Curtin, S. C., & Mathews, T. J. (2016). Smoking prevalence and cessation before and during pregnancy: Data from the birth certificate, 2014. *National Vital Statistics Reports*, 65(1): 1–13.

Preterm Births

Preterm births is the share of births in 2014 where the gestational age was less than 37 weeks. This includes all births occurring within the United States to residents and nonresidents. **Source:** Hamilton, B. E., Martin, J. A., Osterman, M. J. K., Curtin, S. A., & Mathew, T. J. (2015). Births: Final data for 2014. *National Vital Statistics Reports*, 64(12).

Infant Mortality

Infant mortality gives the rate of infant (under 1 year) deaths per 1,000 live births in 2014. Source: Kochanek, K. D., Murphy, S. L., Xu, J. Q., & Tejada-Vera, B. (2016). Deaths: Final data for 2014. *National Vital Statistics Reports*, 65(4).

Emergency Room Visits

Emergency room visits gives the share of children aged 0–5 who visited the emergency room 2 or more times because of an accident or injury in the past 12 months. The full population sample, pooled from 2010 to 2013 data, includes noninstitutionalized children in the United States aged 0–17, and is weighted to be representative of that subgroup of the U.S. population. **Source:** National Health

Interview Survey-Child and Family Core. NHIS-Child 2010–2013. Data query from the Child and Adolescent Health Measurement Initiative Data Resource Center for Child and Adolescent Health web site, www.childhealthdata.org.

Child Abuse

Child abuse gives the rate per 1,000 of children aged 0–17 who are victims of child abuse or neglect. The National Child Abuse and Neglect Data System (NCANDS) is based on data reported by the states, and each state has its own definition of child abuse and neglect. NCANDS counts as victims those children for whom the state determined at least one reported incidence of maltreatment was substantiated or indicated; the count of victims also includes some children served under "alternate response" systems that do not involve a traditional investigation or formal determination regarding the alleged maltreatment.[1] **Source:** U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2016). *Child maltreatment 2014*. Retrieved from http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment

Breastfeeding

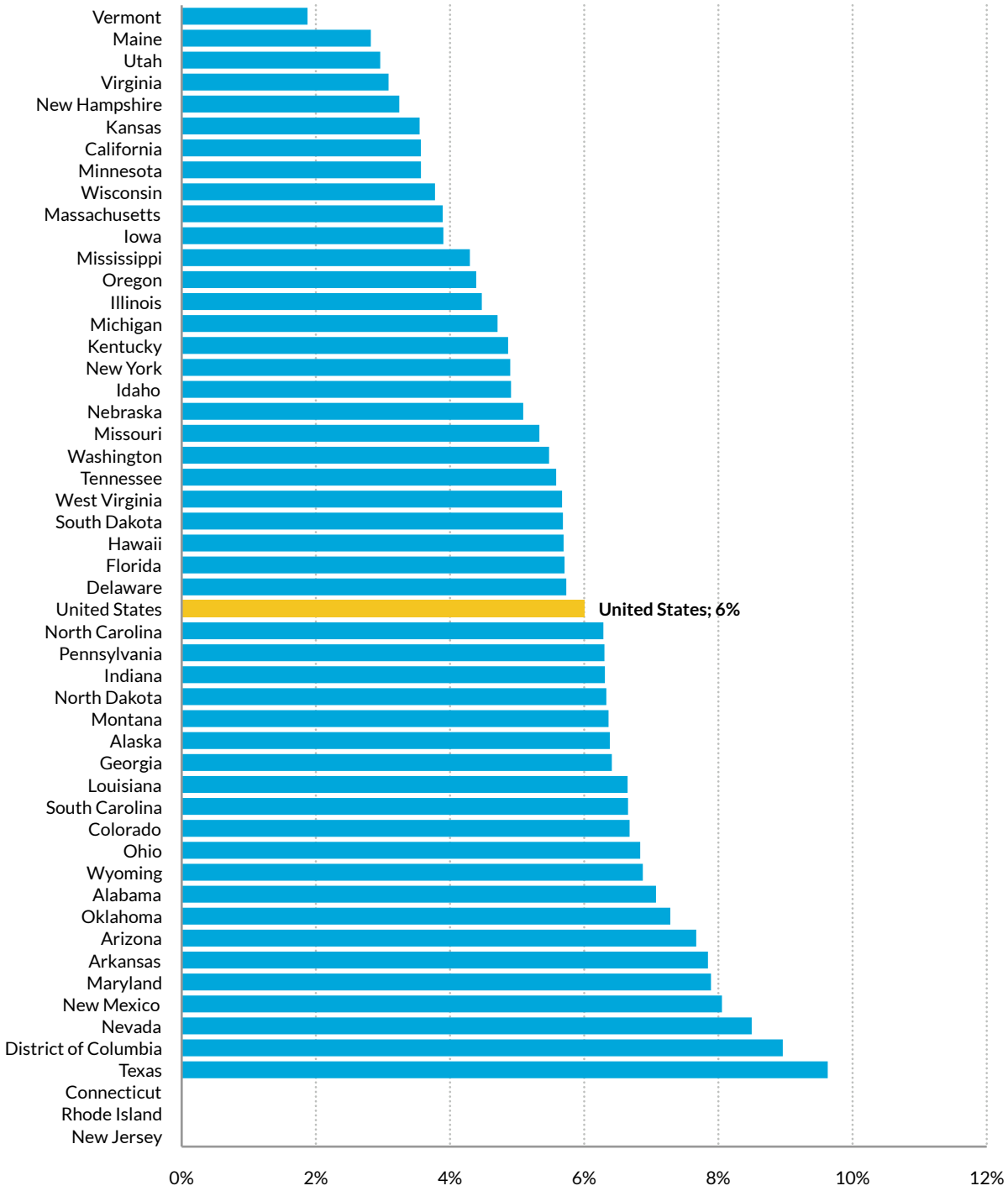
Breastfeeding gives the percent of infants born in 2013 who were ever breastfed or fed breast milk. **Source:** U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. (2016, April). *National immunization survey*. Retrieved from https://www.cdc.gov/breastfeeding/pdf/2014breastfeedingreportcard.pdf

Fourth-Grade Reading Proficiency

Fourth-grade reading proficiency gives the percentage of fourth-grade U.S. public school students who scored at or above proficiency level in 2015. Public schools include charter schools and exclude Bureau of Indian Education schools and Department of Defense Education Activity schools. **Source:** U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics. (2015). *National assessment of educational progress, 2015 reading assessments*. Retrieved from http://nces.ed.gov/nationsreportcard/naepdata/report.aspx

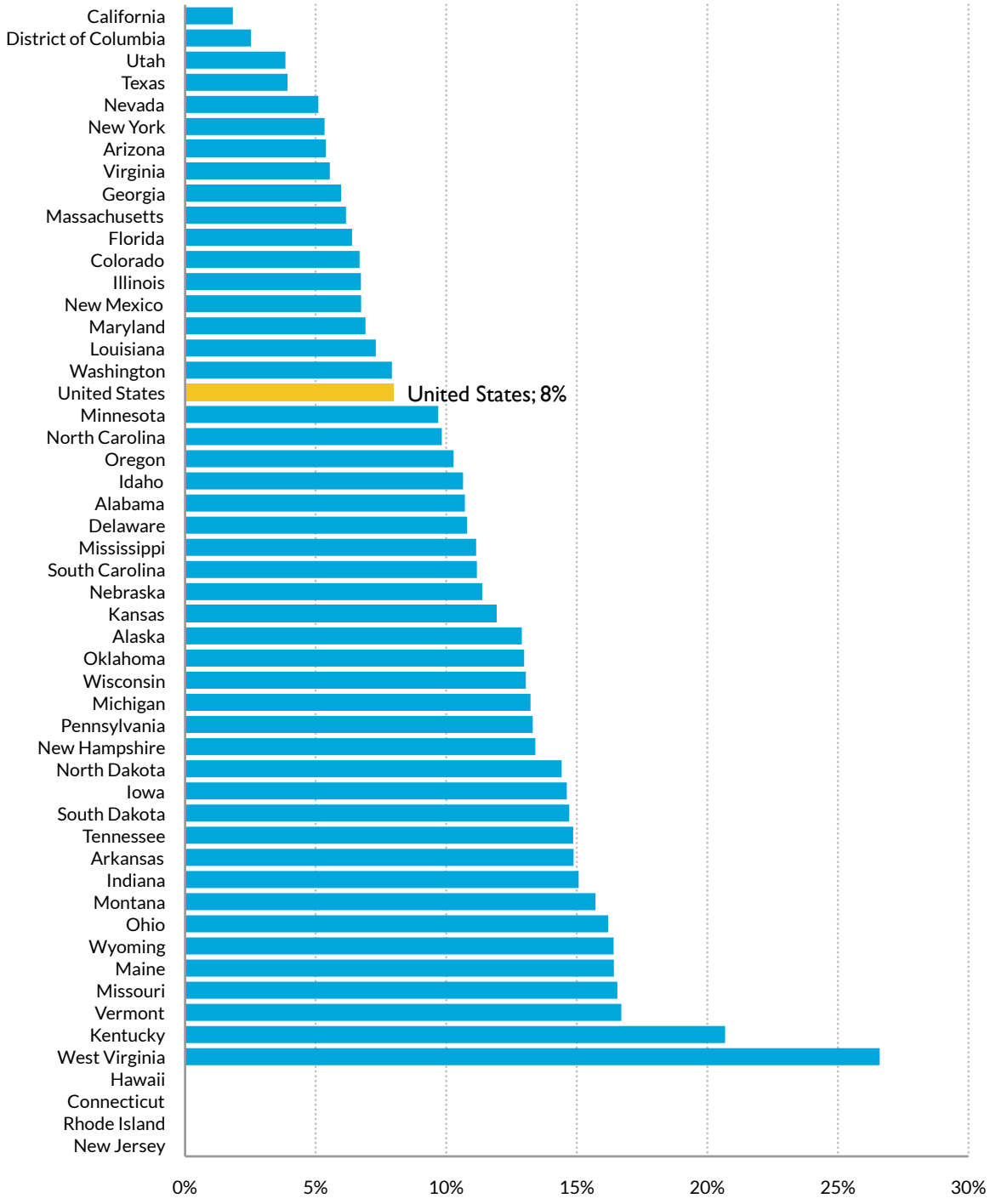
[1] Most victims of child abuse or neglect have a "substantiated" disposition, where the allegation of maltreatment or risk of maltreatment was supported by state law or policy. "Indicated" is a less commonly used investigation disposition that concludes maltreatment could not be substantiated under state law or policy, but there was reason to suspect that at least one child may have been maltreated or was at risk of maltreatment. When reporting data to NCANDS, states have the option of designating children who are served under "alternative response" programs as victims or nonvictims. Alternative response victims refers to instances where the Child Protective Services agency or the courts required a family to receive services even though there was not an investigation that determined the child was a victim of child maltreatment.

Delayed or No Prenatal Care, 2014



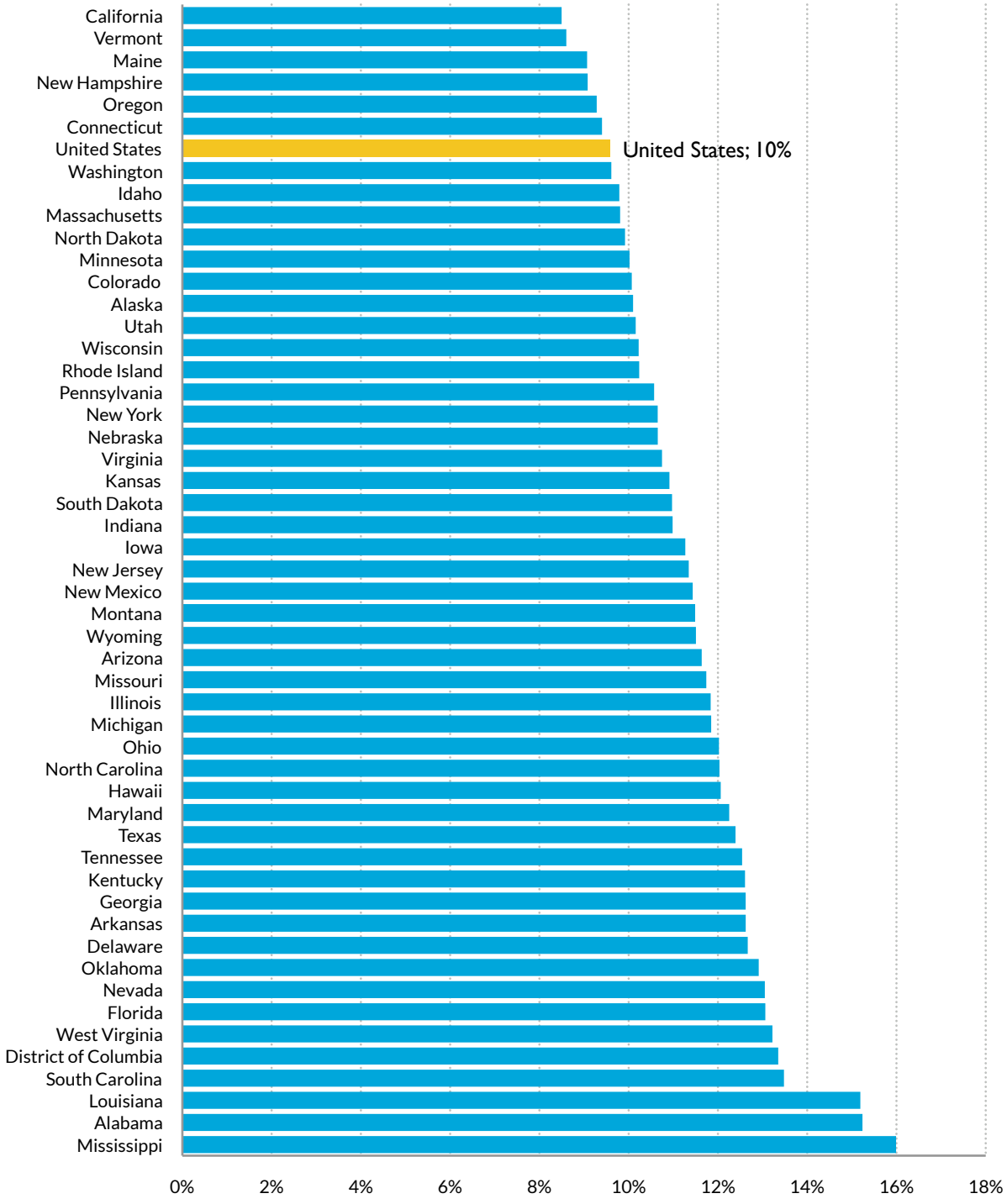
Source: Centers for Disease Control and Prevention, National Center for Health Statistics. *VitalStats*. Retrieved from http://www.cdc.gov/nchs/vitalstats.htm
Notes: Percentage of mothers with no or delayed prenatal care (no care before the third trimester): prenatal care data are recorded as "excluded" for births to mothers residing in a reporting area that continued to use the 1989 U.S. standard certificate of live birth in the specified year. In 2014, this includes Connecticut, New Jersey, and Rhode Island.

Mothers Using Tobacco While Pregnant, 2014



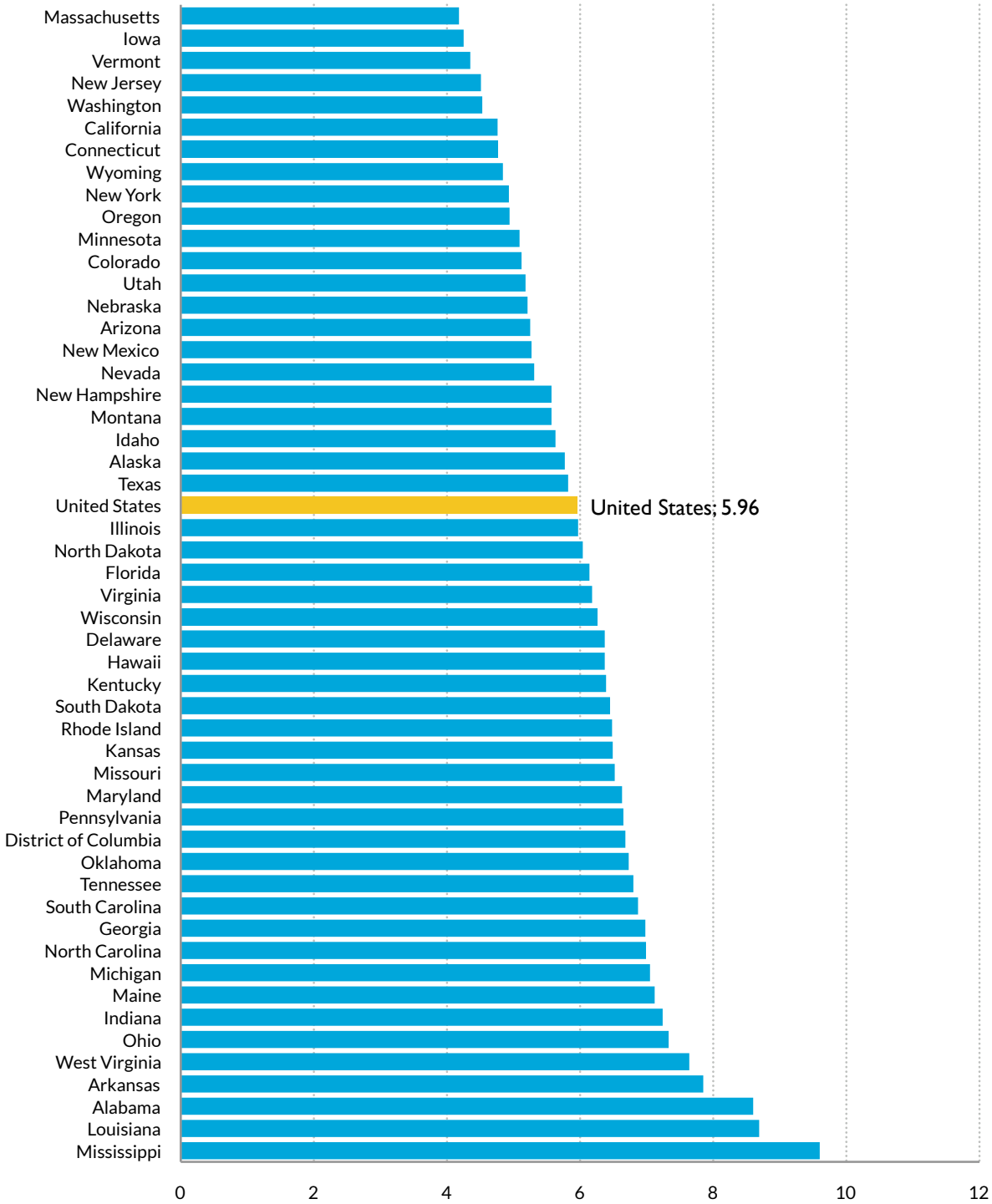
Source: Centers for Disease Control and Prevention, National Center for Health Statistics. *VitalStats*. Retrieved from http://www.cdc.gov/nchs/vitalstats.htm
Notes: Data are recorded as "excluded" for births to mothers residing in a reporting area that continued to use the 1989 U.S. standard certificate of live birth in the specified year. In 2014, this includes Connecticut, Hawaii, New Jersey, and Rhode Island.

Preterm Births, 2014



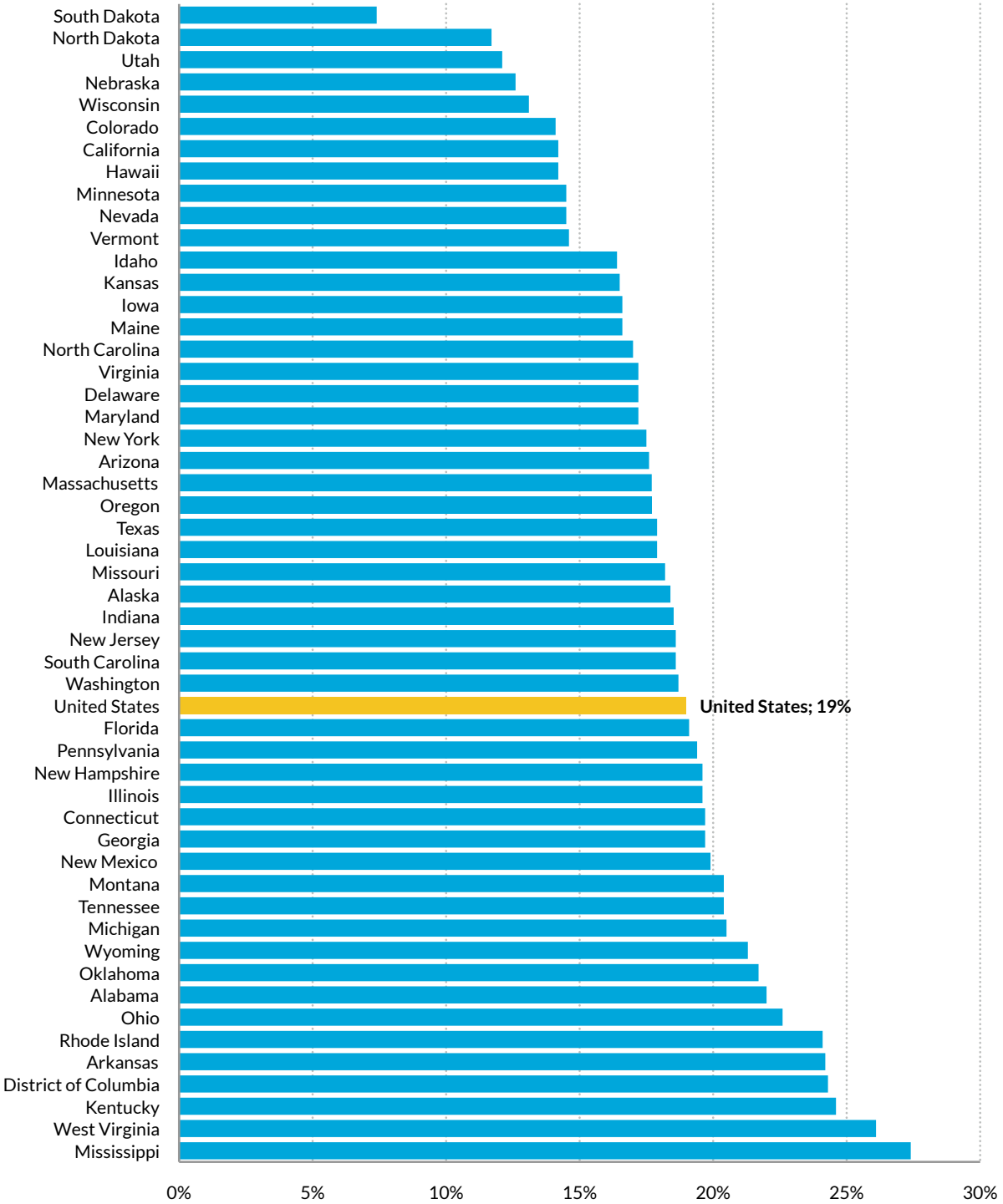
Source: Hamilton, B. E., Martin, J. A., Osterman, M. J. K., Curtin, S. A., & Mathew, T. J. (2015). Births: Final data for 2014. *National Vital Statistics Reports*, *64*(12).

Infant Mortality per Thousand, 2014



Source: Source: Kochanek, K. D., Murphy, S. L., Xu, J. Q., & Tejada-Vera, B. (2016). Deaths: Final data for 2014. *National Vital Statistics Reports*, 65(4).

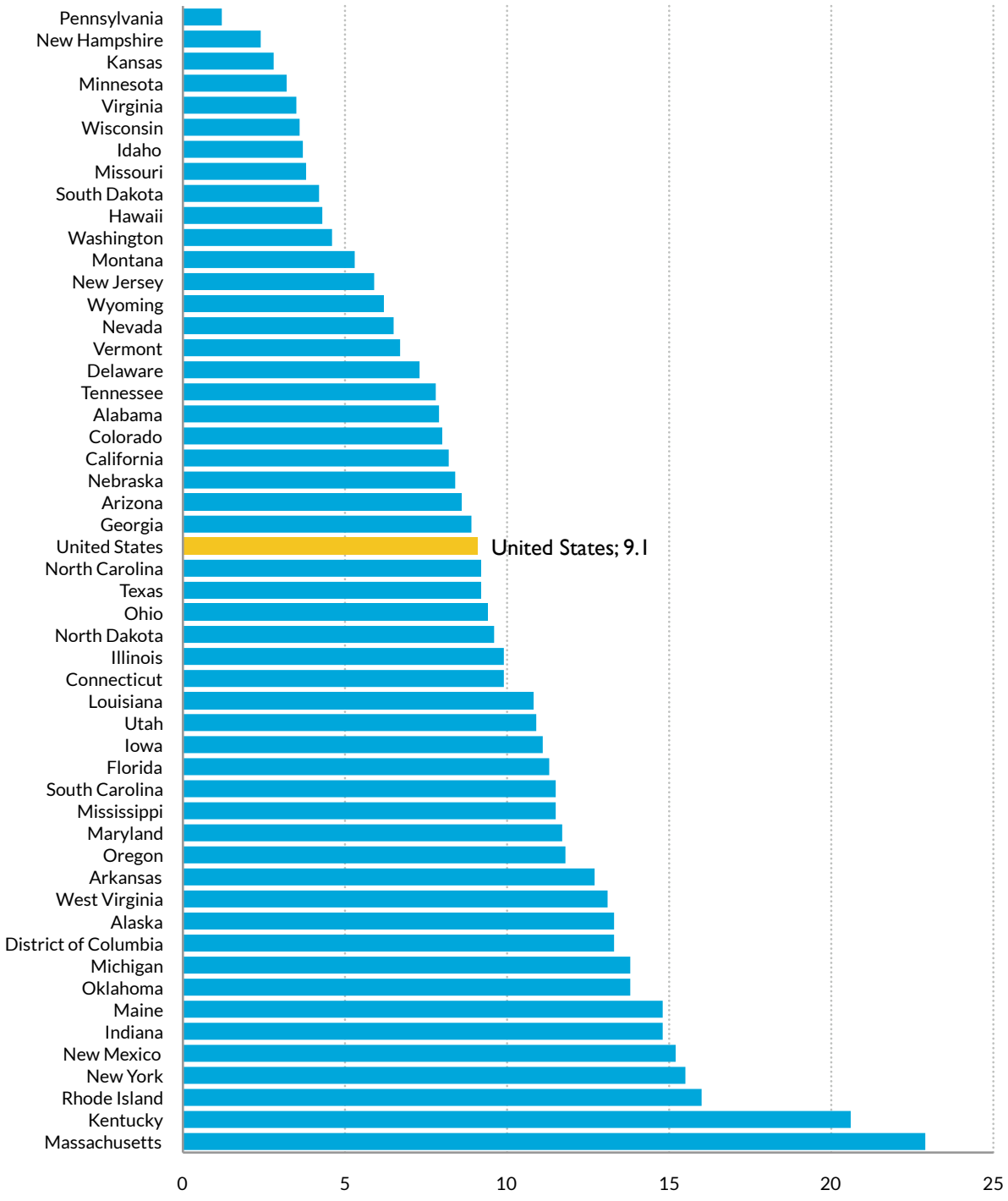
Children Who Visited the Emergency Room Due to Accident or Injury, 2013



Source: National Health Interview Survey-Child and Family Core. NHIS-Child 20102013. Data query from the Child and Adolescent Health Measurement Initiative Data Resource Center for Child and Adolescent Health web site, www.childhealthdata.org.

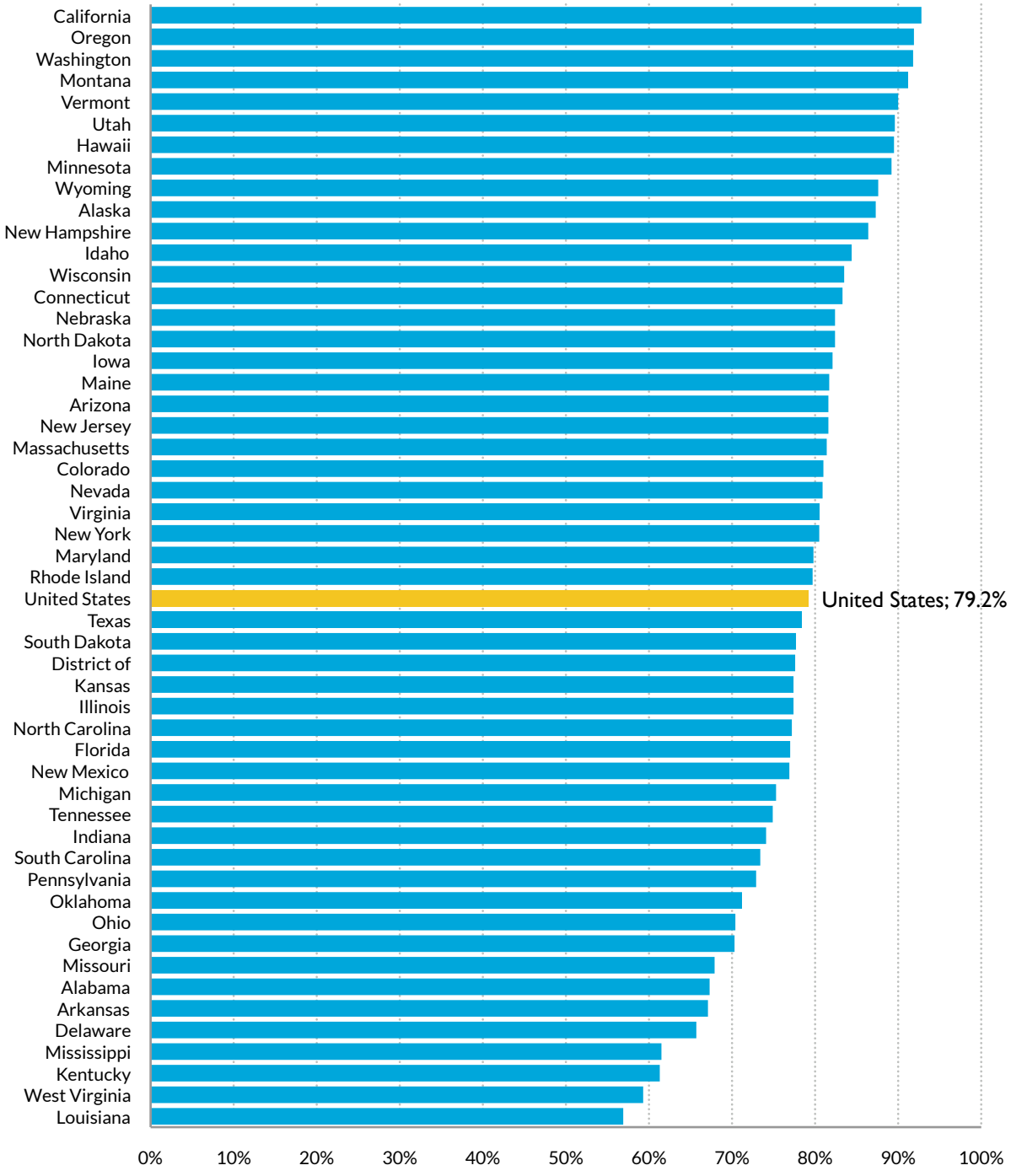
Notes: Population sampled is noninstitutionalized children in the US ages 0 to 17, and is weighted to be representative of that subgroup of the U.S. population.

Reports of Child Abuse per Thousand, 2014



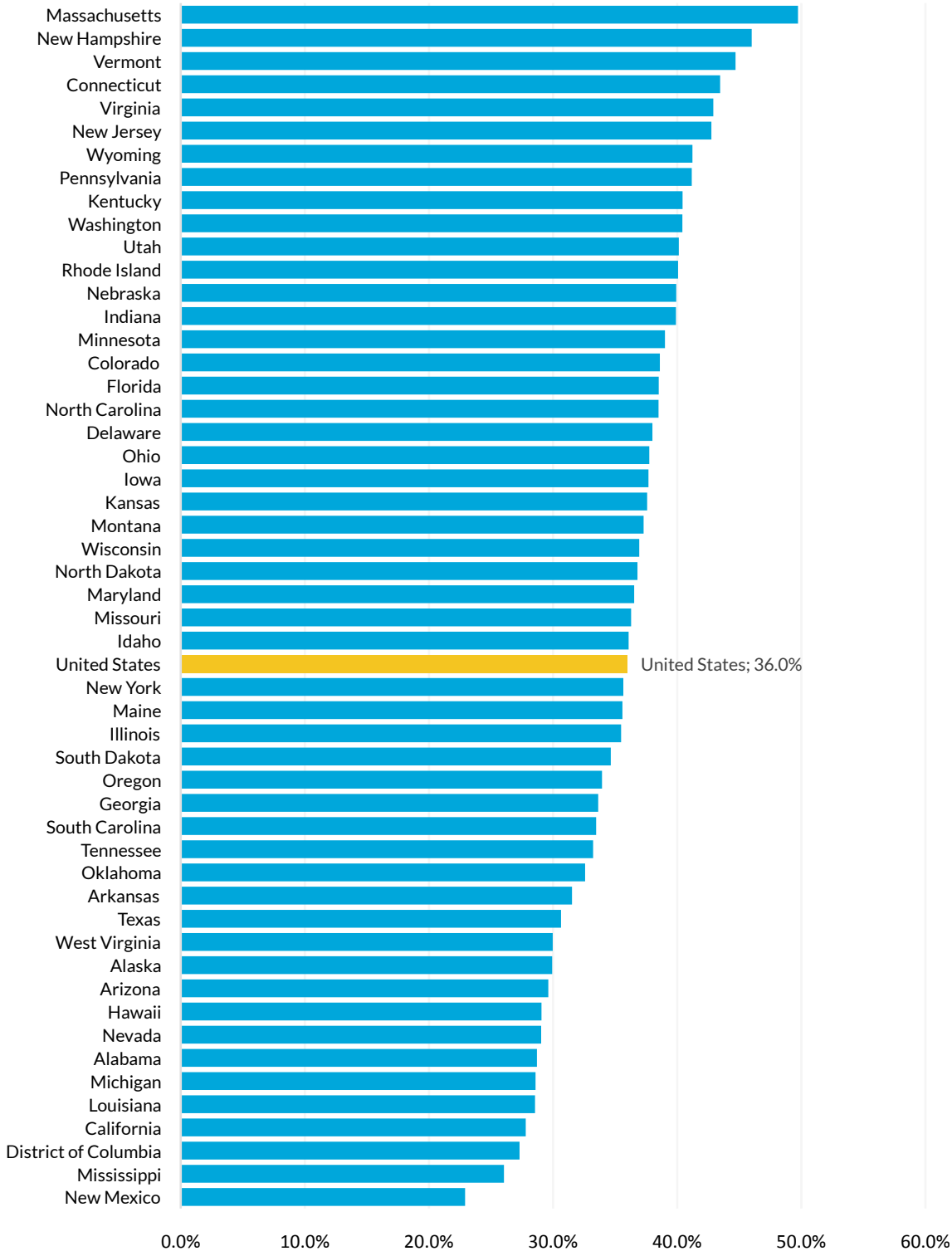
Source: U.S. Department of Health and Human Services, Children's Burea. *Child Welfare Outcomes Report Data*. Retrieved from http://cwoutcomes.acf.hhs.gov/data/overview

Mothers Who Initiated Breastfeeding, 2014



Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. (2016, April). *National immunization survey*. Retrieved from https://www.cdc.gov/breastfeeding/pdf/2014breastfeedingreportcard.pdf

Children at or Above Proficiency for Fourth-Grade Reading, 2015



Source: U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics. (2015). *National assessment of educational progress, 2015 reading assessments*. Retrieved from http://nces.ed.gov/nationsreportcard/naepdata/report.aspx

APPENDIX 3:

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NHVRC State Profiles

The NHVRC State Profiles compile data on evidence-based early childhood home visiting services in states, territories, and tribal MIECHV communities from 2015. The profiles include data from several sources. Service numbers and demographic information on participants come from evidence-based model data. Not all models were able to share data, but five of the largest models (Early Head Start, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, and Parents as Teachers) shared participant information. The profiles also include information from the American Community Survey on who could benefit from home visiting.

NHVRC State Profiles Contents

* In some cases, data were not available to create a profile. For more information about MIECHV-funded home visiting in these locations, please see the Health Resources and Services Administration fact sheets: https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/home-visiting-program-state-fact-sheets

What to Expect in the NHVRC State Profiles

The profiles provide state-specific answers to the following questions:

How many children and families benefited from home visiting?

- Number of families served
- Number of children served
- Number of home visits completed
- Number of local programs operating in the state
- Home visiting models operating in the state

What types of families benefited from home visiting?

- Enrollee ethnicity
- Enrollee race
- Enrollee educational attainment
- Child age
- Child health insurance status
- Primary language

Who could have benefited from home visiting?

- Number of potential beneficiaries (pregnant women and families with children under 6 years not yet in kindergarten)
- Percentage of families with children under 1 year
- Percentage of families with single mothers
- Percentage of families with parents who have less than a high school diploma
- Percentage of families with teen parents or mothers under 21 years
- Percentage of families who are low income (100 percent and below the federal poverty threshold)

The profiles feature data from evidence-based home visiting models, which include home visiting participants served with MIECHV and non-MIECHV funding.[1] Information was not available for all states. For example, not all tribal awardees were able to share information. Instead of individual tribal profiles, we include an aggregate profile presenting information about all tribal MIECHV awardees.

For characteristics of MIECHV participants by location, see the MIECHV State Data Tables on page 190.

[1] Nurse-Family Partnership (NFP) was able to share participant demographic information about only MIECHV participants for this *Yearbook*. We hope to include non-MIECHV information in our next *Yearbook*.

STATE PROFILE – ALABAMA

Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Alabama included Early Head Start, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, and Parents as Teachers. Statewide, 46 local agencies operated at least one of these models.

42,896
home visits provided

3,224
families served

3,847
children served

Race

- **<1%** American Indian/ Alaska Native
- **<1%** Asian
- **56%** Black
- **<1%** Native Hawaiian/ Pacific Islander
- **33%** White
- **7%** Multiple
- **<1%** Other

Ethnicity

Hispanic or Latino

Caregiver education

No high school diploma

Child age

- **10%** < 1 year
- **24%** 1-2 years
- **66%** 3-5 years

Child insurance status

- **78%** Public
- **19%** Private
- **3%** None

Primary language

- **94%** English
- **5%** Spanish
- **<1%** Other

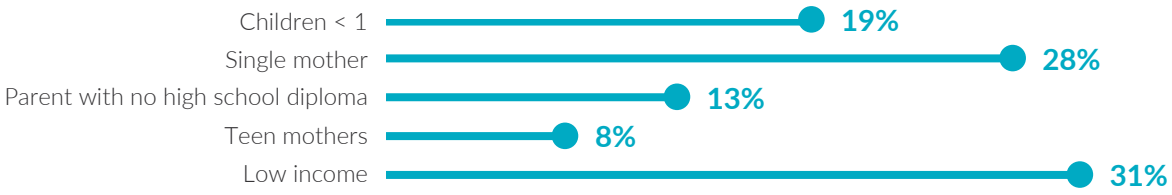
STATE PROFILE – ALABAMA

Potential Beneficiaries in 2015

In Alabama, there were 279,000 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

279,000 families could benefit from home visiting

Many home visiting services are geared toward particular subpopulations. The NHVRC estimated the percentage of families who could benefit in Alabama who met the following criteria:



Of the 279,000 families who could benefit—

61% met one or more of the criteria above

30% met two or more of the criteria above

Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • HIPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. HIPPY reports primary language of children. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • To protect confidentiality, race categories with fewer than five participants were combined with "Other." • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

The NHVRC is led by James Bell Associates in partnership with the Urban Institute. Support is provided by the Heising-Simons Foundation and the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the foundations. For details about the methodology, see the 2017 Home Visiting Yearbook.

National Home Visiting **Resource Center**
www.nhvrc.org

STATE PROFILE – ALASKA

Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Alaska included Early Head Start, Nurse-Family Partnership, and Parents as Teachers. Statewide, 16 local agencies operated at least one of these models.

7,539
home visits provided

968
families served

1,111
children served

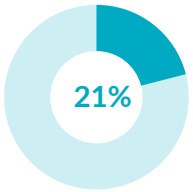
Race

- **54%** American Indian/ Alaska Native
- **3%** Asian
- **3%** Black
- **1%** Native Hawaiian/ Pacific Islander
- **26%** White
- **12%** Multiple
- **<1%** Other

Ethnicity

Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **23%** < 1 year
- **50%** 1-2 years
- **27%** 3-5 years

Child insurance status

- **70%** Public
- **12%** Private
- **18%** None

Primary language

- **80%** English
- **3%** Spanish
- **17%** Other

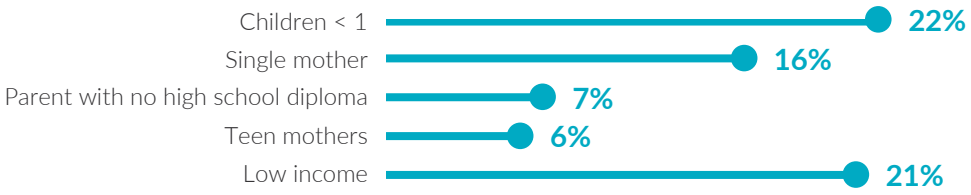
STATE PROFILE – ALASKA

Potential Beneficiaries in 2015

In Alaska, there were 48,000 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

48,000 families could benefit from home visiting

Many home visiting services are geared toward particular subpopulations. The NHVRC estimated the percentage of families who could benefit in Alaska who met the following criteria:



Of the 48,000 families who could benefit—

52%
met one or more of the criteria above

20%
met two or more of the criteria above

Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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National Home Visiting **Resource Center**
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STATE PROFILE – ARIZONA

Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Arizona included Early Head Start, Family Spirit, Healthy Families America, Nurse-Family Partnership, Parents as Teachers, and SafeCare. Statewide, 64 local agencies operated at least one of these models.

55,593
home visits provided

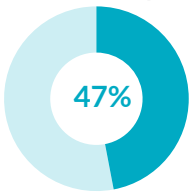
10,252
families served

11,637
children served

Race

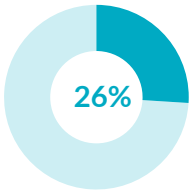
- **19%** American Indian/ Alaska Native
- **2%** Asian
- **4%** Black
- **<1%** Native Hawaiian/ Pacific Islander
- **39%** White
- **10%** Multiple
- **25%** Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **17%** < 1 year
- **44%** 1-2 years
- **39%** 3-5 years

Child insurance status

- **84%** Public
- **3%** Private
- **13%** None

Primary language

- **71%** English
- **27%** Spanish
- **2%** Other

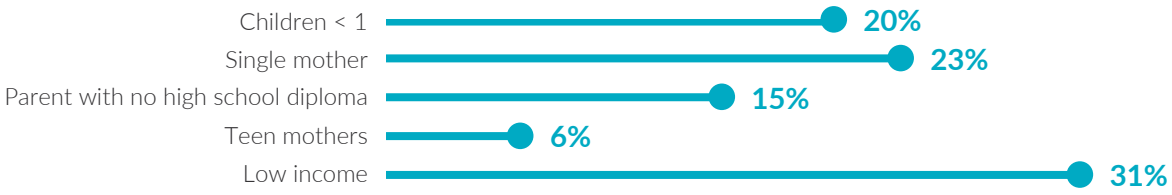
STATE PROFILE – ARIZONA

Potential Beneficiaries in 2015

In Arizona, there were 387,700 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

387,700 families could benefit from home visiting

Many home visiting services are geared toward particular subpopulations. The NHVRC estimated the percentage of families who could benefit in Arizona who met the following criteria:



Of the 387,700 families who could benefit—

60% met one or more of the criteria above

28% met two or more of the criteria above

Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • EHS programs in AZ include a combination of center-based and home-based services. Home-based service data cannot be isolated from statewide data; therefore, EHS data are not reported. • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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National Home Visiting Resource Center
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STATE PROFILE – ARKANSAS

Families Served Through Evidence-Based Home Visiting in 2015

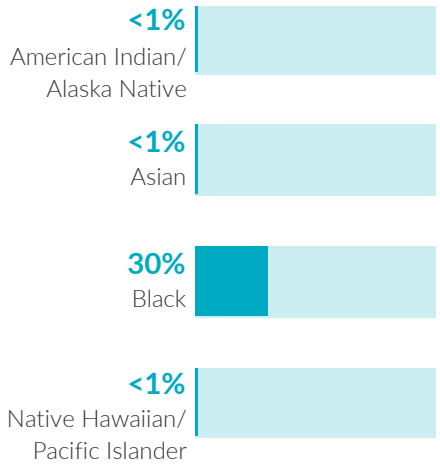
Models implemented in Arkansas included Early Head Start, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, and Parents as Teachers. Statewide, 69 local agencies operated at least one of these models.

91,831
home visits provided

6,426
families served

6,858
children served

Race



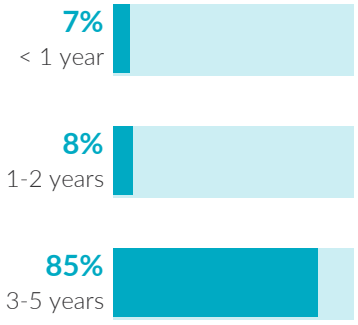
Ethnicity

Hispanic or Latino

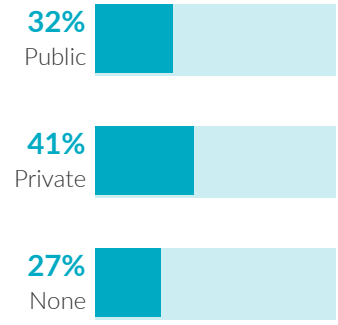
Caregiver education

No high school diploma

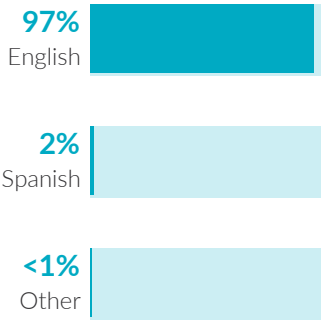
Child age



Child insurance status



Primary language



STATE PROFILE – ARKANSAS

Potential Beneficiaries in 2015

In Arkansas, there were 177,500 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

177,500 families could benefit from home visiting

Many home visiting services are geared toward particular subpopulations. The NHVRC estimated the percentage of families who could benefit in Arkansas who met the following criteria:

Of the 177,500 families who could benefit—

60% met one or more of the criteria above

27% met two or more of the criteria above

Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • HIPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. HIPPY reports primary language of children. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • EHS programs in AR include a combination of center-based and home-based services. Home-based service data cannot be isolated from statewide data; therefore, EHS data are not reported. • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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STATE PROFILE – CALIFORNIA

Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in California included Early Head Start, Family Spirit, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parents as Teachers, and SafeCare. Statewide, 200 local agencies operated at least one of these models.

76,235
home visits provided

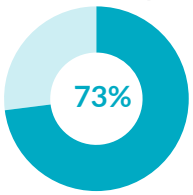
9,548
families served

9,103
children served

Race

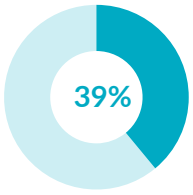
- 4% American Indian/ Alaska Native
- 2% Asian
- 10% Black
- <1% Native Hawaiian/ Pacific Islander
- 58% White
- 13% Multiple
- 12% Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- 32% < 1 year
- 44% 1-2 years
- 24% 3-5 years

Child insurance status

- 86% Public
- 4% Private
- 10% None

Primary language

- 52% English
- 45% Spanish
- 3% Other

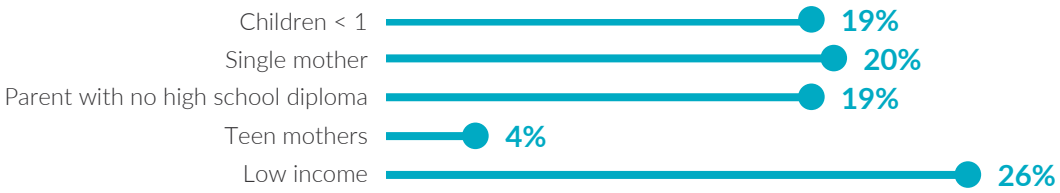
STATE PROFILE – CALIFORNIA

Potential Beneficiaries in 2015

In California, there were 2,227,100 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

2,227,100 families could benefit from home visiting

Many home visiting services are geared toward particular subpopulations. The NHVRC estimated the percentage of families who could benefit in California who met the following criteria:



Of the 2,227,100 families who could benefit—

59%
met one or more of the criteria above

25%
met two or more of the criteria above

Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • HIPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. HIPPY reports primary language of children. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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STATE PROFILE – COLORADO

Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Colorado included Early Head Start, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parents as Teachers, and SafeCare. Statewide, 84 local agencies operated at least one of these models.

51,635
home visits provided

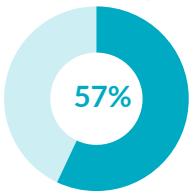
4,056
families served

4,676
children served

Race

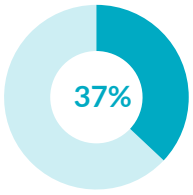
- **3%** American Indian/ Alaska Native
- **2%** Asian
- **3%** Black
- **<1%** Native Hawaiian/ Pacific Islander
- **82%** White
- **7%** Multiple
- **2%** Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **18%** < 1 year
- **35%** 1-2 years
- **47%** 3-5 years

Child insurance status

- **82%** Public
- **8%** Private
- **10%** None

Primary language

- **59%** English
- **35%** Spanish
- **6%** Other

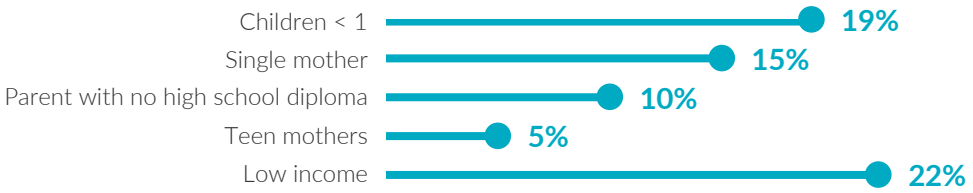
STATE PROFILE – COLORADO

Potential Beneficiaries in 2015

In Colorado, there were 315,600 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

315,600 families could benefit from home visiting

Many home visiting services are geared toward particular subpopulations. The NHVRC estimated the percentage of families who could benefit in Colorado who met the following criteria:



Of the 315,600 families who could benefit—

51%
met one or more of the criteria above

18%
met two or more of the criteria above

Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • HIPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. HIPPY reports primary language of children. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • EHS programs in CO include a combination of center-based and home-based services. Home-based service data cannot be isolated from statewide data; therefore, EHS data are not reported. • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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STATE PROFILE – CONNECTICUT

Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Connecticut included Child First, Early Head Start, Nurse-Family Partnership, and Parents as Teachers. Statewide, 86 local agencies operated at least one of these models.

55,775
home visits provided

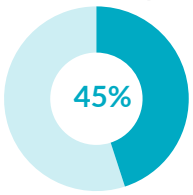
4,270
families served

5,677
children served

Race

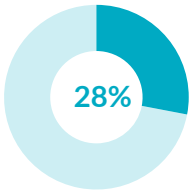
- 1% American Indian/ Alaska Native
- 3% Asian
- 22% Black
- <1% Native Hawaiian/ Pacific Islander
- 47% White
- 17% Multiple
- 9% Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- 40% < 1 year
- 38% 1-2 years
- 22% 3-5 years

Child insurance status

- 92% Public
- 3% Private
- 5% None

Primary language

- 74% English
- 22% Spanish
- 4% Other

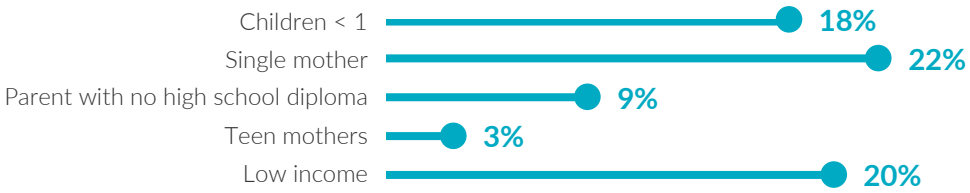
STATE PROFILE – CONNECTICUT

Potential Beneficiaries in 2015

In Connecticut, there were 187,000 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

187,000 families could benefit from home visiting

Many home visiting services are geared toward particular subpopulations. The NHVRC estimated the percentage of families who could benefit in Connecticut who met the following criteria:



Of the 187,000 families who could benefit—

51% met one or more of the criteria above

19% met two or more of the criteria above

Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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STATE PROFILE – DELAWARE

Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Delaware included Early Head Start, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, eight local agencies operated at least one of these models.

17,843
home visits provided

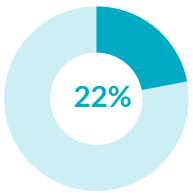
1,776
families served

1,722
children served

Race

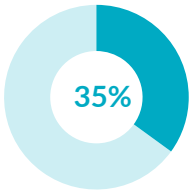
- **0%** American Indian/ Alaska Native
- **4%** Asian
- **38%** Black
- **0%** Native Hawaiian/ Pacific Islander
- **44%** White
- **13%** Multiple
- **1%** Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **27%** < 1 year
- **48%** 1-2 years
- **25%** 3-5 years

Child insurance status

- **78%** Public
- **14%** Private
- **8%** None

Primary language

- **90%** English
- **7%** Spanish
- **3%** Other

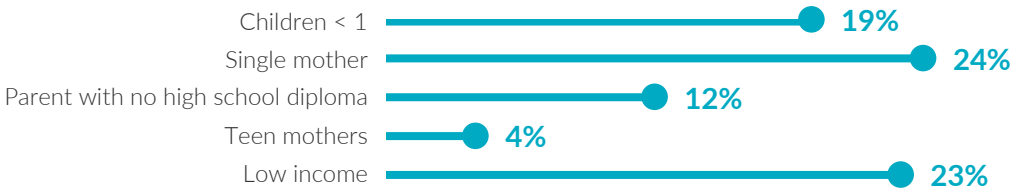
STATE PROFILE – DELAWARE

Potential Beneficiaries in 2015

In Delaware, there were 50,200 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

50,200 families could benefit from home visiting

Many home visiting services are geared toward particular subpopulations. The NHVRC estimated the percentage of families who could benefit in Delaware who met the following criteria:



Of the 50,200 families who could benefit—

57%
met one or more of the criteria above

22%
met two or more of the criteria above

Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • EHS programs in DE include a combination of center-based and home-based services. Home-based service data cannot be isolated from statewide data; therefore, EHS data are not reported. • To protect confidentiality, race categories with fewer than five participants were combined with "Other." • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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STATE PROFILE – THE DISTRICT OF COLUMBIA

Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in the District of Columbia included Early Head Start, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Parents as Teachers, and Play and Learning Strategies. Districtwide, 11 local agencies operated at least one of these models.

3,574
home visits provided

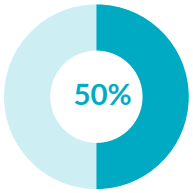
377
families served

377
children served

Race

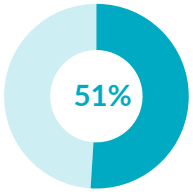
- **0%** American Indian/ Alaska Native
- **0%** Asian
- **55%** Black
- **0%** Native Hawaiian/ Pacific Islander
- **0%** White
- **41%** Multiple
- **4%** Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **36%** < 1 year
- **28%** 1-2 years
- **36%** 3-5 years

Child insurance status

- **75%** Public
- **24%** Private
- **1%** None

Primary language

- **31%** English
- **54%** Spanish
- **15%** Other

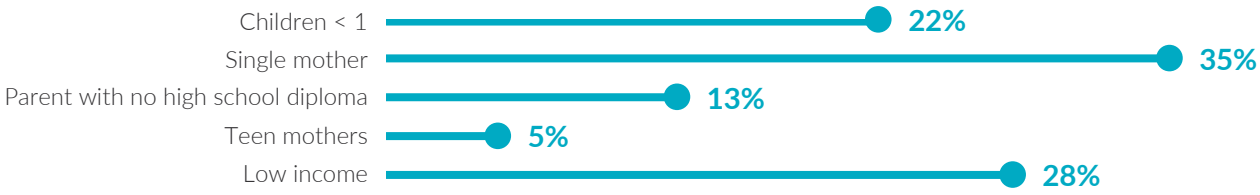
STATE PROFILE – THE DISTRICT OF COLUMBIA

Potential Beneficiaries in 2015

In the District of Columbia, there were 30,800 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

30,800 families could benefit from home visiting

Many home visiting services are geared toward particular subpopulations. The NHVRC estimated the percentage of families who could benefit in the District of Columbia who met the following criteria:



Of the 30,800 families who could benefit—

67%
met one or more of the criteria above

31%
met two or more of the criteria above

Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • HIPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. HIPPY reports primary language of children. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • To protect confidentiality, race categories with fewer than five participants were combined with "Other." • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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STATE PROFILE – FLORIDA

Families Served Through Evidence-Based Home Visiting in 2015

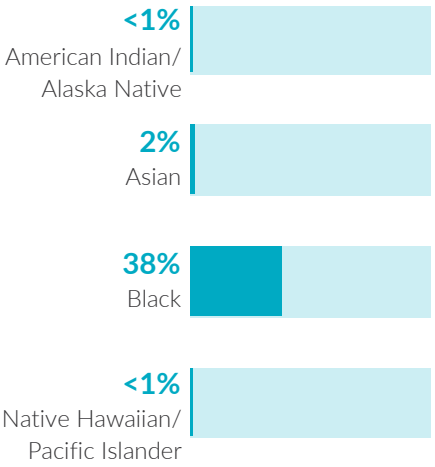
Models implemented in Florida included Child First, Early Head Start, Family Check-Up, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parents as Teachers, and SafeCare. Statewide, 99 local agencies operated at least one of these models.

38,805
home visits provided

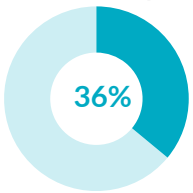
4,659
families served

4,960
children served

Race

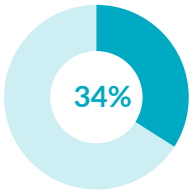


Ethnicity



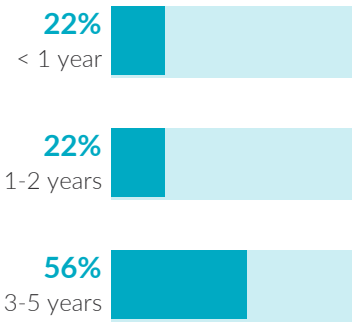
Hispanic or Latino

Caregiver education

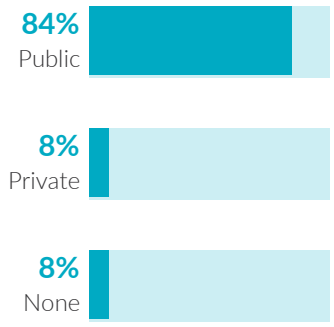


No high school diploma

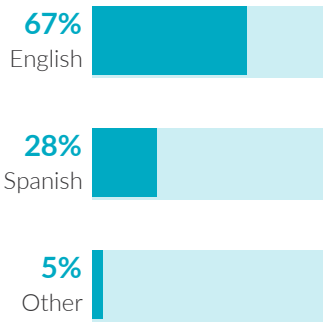
Child age



Child insurance status



Primary language



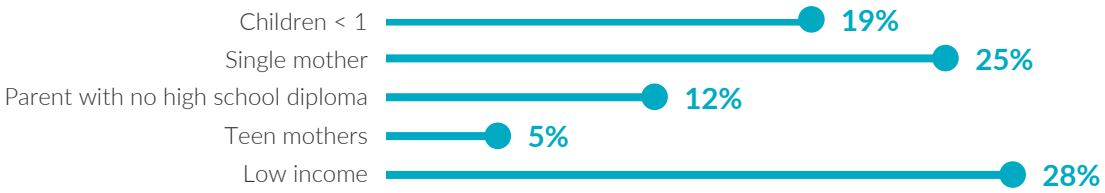
STATE PROFILE – FLORIDA

Potential Beneficiaries in 2015

In Florida, there were 966,400 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

966,400 families could benefit from home visiting

Many home visiting services are geared toward particular subpopulations. The NHVRC estimated the percentage of families who could benefit in Florida who met the following criteria:



Of the 966,400 families who could benefit—

59% met one or more of the criteria above

25% met two or more of the criteria above

Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • HIPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. HIPPY reports primary language of children. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • HFA data are not available for FL. • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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STATE PROFILE – GEORGIA

Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Georgia included Early Head Start, Healthy Families America, Nurse-Family Partnership, Parents as Teachers, and SafeCare. Statewide, 62 local agencies operated at least one of these models.

30,826
home visits provided

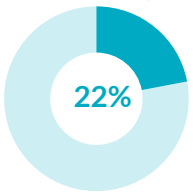
2,202
families served

2,460
children served

Race

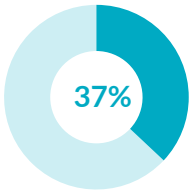
0% American Indian/ Alaska Native	33% White
4% Asian	4% Multiple
55% Black	4% Other
0% Native Hawaiian/ Pacific Islander	

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

30% < 1 year	
40% 1-2 years	
30% 3-5 years	

Child insurance status

92% Public	
3% Private	
5% None	

Primary language

100% English	
0% Spanish	
0% Other	

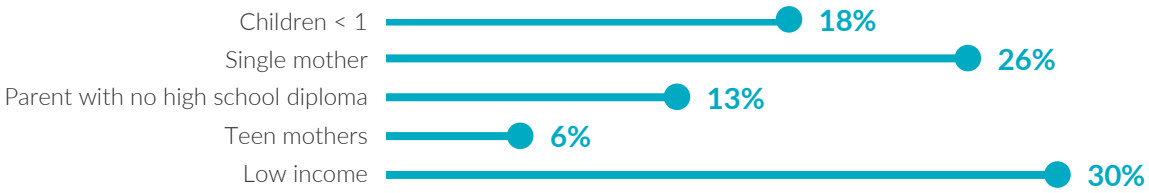
STATE PROFILE – GEORGIA

Potential Beneficiaries in 2015

In Georgia, there were 611,800 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

611,800 families could benefit from home visiting

Many home visiting services are geared toward particular subpopulations. The NHVRC estimated the percentage of families who could benefit in Georgia who met the following criteria:



Of the 611,800 families who could benefit—

59% met one or more of the criteria above

27% met two or more of the criteria above

Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • EHS programs in GA include a combination of center-based and home-based services. Home-based service data cannot be isolated from statewide data; therefore, EHS data are not reported. • To protect confidentiality, race categories with fewer than five participants were combined with "Other." • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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STATE PROFILE – HAWAII

Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Hawaii included Early Head Start, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, and Parents as Teachers. Statewide, 14 local agencies operated at least one of these models.

7,906
home visits provided

757
families served

787
children served

Race

0% American Indian/ Alaska Native	7% White
12% Asian	33% Multiple
0% Black	7% Other
41% Native Hawaiian/ Pacific Islander	

Ethnicity

Hispanic or Latino

Caregiver education

No high school diploma

Child age

32% < 1 year
38% 1-2 years
30% 3-5 years

Child insurance status

44% Public
34% Private
22% None

Primary language

68% English
4% Spanish
28% Other

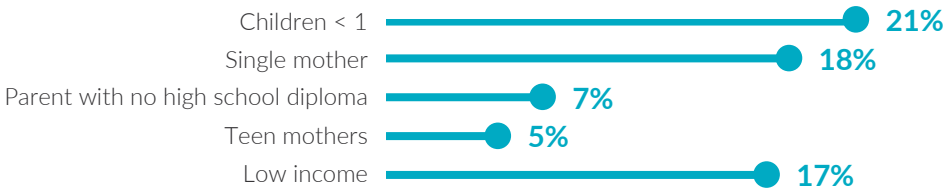
STATE PROFILE – HAWAII

Potential Beneficiaries in 2015

In Hawaii, there were 80,200 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

80,200 families could benefit from home visiting

Many home visiting services are geared toward particular subpopulations. The NHVRC estimated the percentage of families who could benefit in Hawaii who met the following criteria:



Of the 80,200 families who could benefit—

52%
met one or more of the criteria above

17%
met two or more of the criteria above

Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • HIPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. HIPPY reports primary language of children. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • EHS programs in HI include a combination of center-based and home-based services. Home-based service data cannot be isolated from statewide data; therefore, EHS data are not reported. • To protect confidentiality, race categories with fewer than five participants were combined with "Other." • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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STATE PROFILE – IDAHO

Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Idaho included Early Head Start, Nurse-Family Partnership, and Parents as Teachers. Statewide, 15 local agencies operated at least one of these models.

3,649
home visits provided

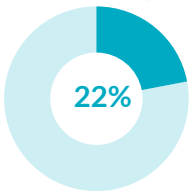
1,037
families served

1,264
children served

Race

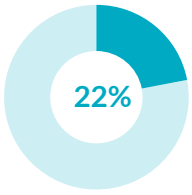
- **6%** American Indian/ Alaska Native
- **<1%** Asian
- **<1%** Black
- **<1%** Native Hawaiian/ Pacific Islander
- **74%** White
- **13%** Multiple
- **4%** Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **26%** < 1 year
- **50%** 1-2 years
- **24%** 3-5 years

Child insurance status

- **96%** Public
- **2%** Private
- **2%** None

Primary language

- **81%** English
- **16%** Spanish
- **3%** Other

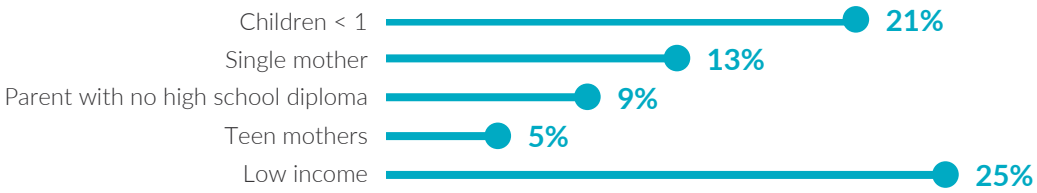
STATE PROFILE – IDAHO

Potential Beneficiaries in 2015

In Idaho, there were 103,900 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

103,900 families could benefit from home visiting

Many home visiting services are geared toward particular subpopulations. The NHVRC estimated the percentage of families who could benefit in Idaho who met the following criteria:



Of the 103,900 families who could benefit—

53% met one or more of the criteria above

20% met two or more of the criteria above

Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • To protect confidentiality, race categories with fewer than five participants were combined with "Other." • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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STATE PROFILE – ILLINOIS

Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Illinois included Early Head Start, Family Connects, Family Spirit, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parents as Teachers, and SafeCare. Statewide, 203 local agencies operated at least one of these models.

112,733
home visits provided

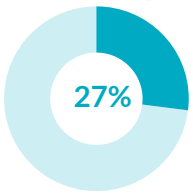
11,655
families served

13,860
children served

Race

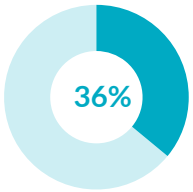
- 2% American Indian/ Alaska Native
- 1% Asian
- 36% Black
- <1% Native Hawaiian/ Pacific Islander
- 48% White
- 9% Multiple
- 3% Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- 26% < 1 year
- 52% 1-2 years
- 22% 3-5 years

Child insurance status

- 97% Public
- 2% Private
- 1% None

Primary language

- 87% English
- 12% Spanish
- 1% Other

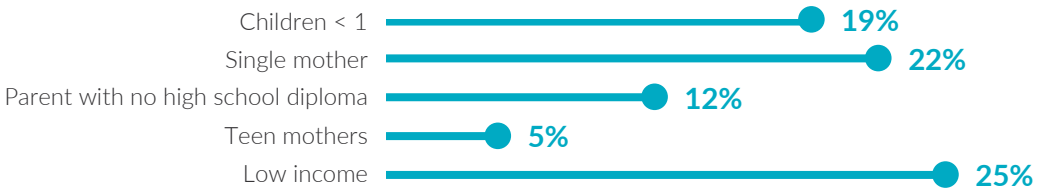
STATE PROFILE – ILLINOIS

Potential Beneficiaries in 2015

In Illinois, there were 742,400 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

742,400 families could benefit from home visiting

Many home visiting services are geared toward particular subpopulations. The NHVRC estimated the percentage of families who could benefit in Illinois who met the following criteria:



Of the 742,400 families who could benefit—

56% met one or more of the criteria above

23% met two or more of the criteria above

Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • HIPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. HIPPY reports primary language of children. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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STATE PROFILE – INDIANA

Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Indiana included Early Head Start, Healthy Families America, Nurse-Family Partnership, Parents as Teachers, and Play and Learning Strategies. Statewide, 74 local agencies operated at least one of these models.

20,805
home visits provided

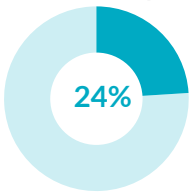
12,563
families served

13,515
children served

Race

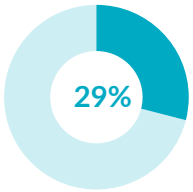
- **0%** American Indian/ Alaska Native
- **3%** Asian
- **21%** Black
- **0%** Native Hawaiian/ Pacific Islander
- **63%** White
- **10%** Multiple
- **3%** Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **31%** < 1 year
- **47%** 1-2 years
- **22%** 3-5 years

Child insurance status

- **83%** Public
- **4%** Private
- **13%** None

Primary language

- **82%** English
- **14%** Spanish
- **4%** Other

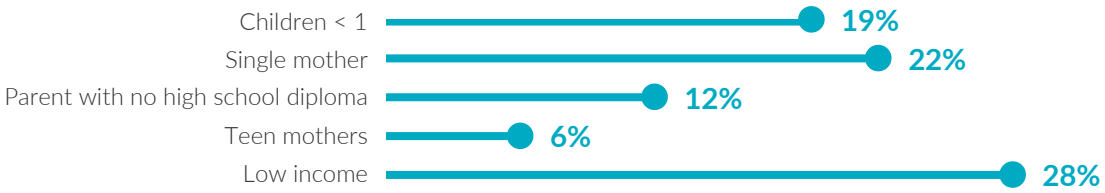
STATE PROFILE – INDIANA

Potential Beneficiaries in 2015

In Indiana, there were 392,400 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

392,400 families could benefit from home visiting

Many home visiting services are geared toward particular subpopulations. The NHVRC estimated the percentage of families who could benefit in Indiana who met the following criteria:



Of the 392,400 families who could benefit—

57% met one or more of the criteria above

25% met two or more of the criteria above

Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • HFA is only represented in the number of children and families served. • To protect confidentiality, race categories with fewer than five participants were combined with "Other." • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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STATE PROFILE – IOWA

Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Iowa included Early Head Start, Family Connects, Healthy Families America, Nurse-Family Partnership, Parents as Teachers, and SafeCare. Statewide, 73 local agencies operated at least one of these models.

51,195
home visits provided

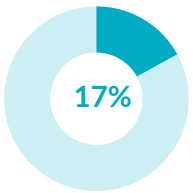
4,554
families served

5,618
children served

Race

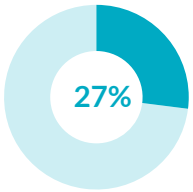
- **2%** American Indian/ Alaska Native
- **3%** Asian
- **7%** Black
- **<1%** Native Hawaiian/ Pacific Islander
- **75%** White
- **10%** Multiple
- **2%** Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **23%** < 1 year
- **41%** 1-2 years
- **36%** 3-5 years

Child insurance status

- **91%** Public
- **5%** Private
- **4%** None

Primary language

- **79%** English
- **12%** Spanish
- **9%** Other

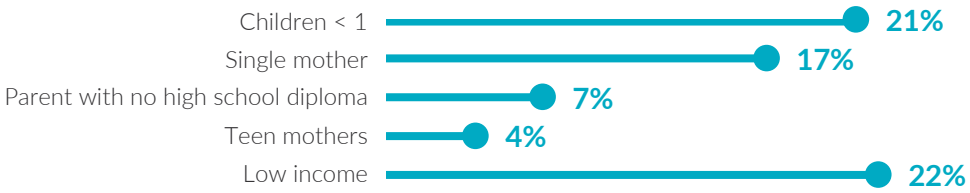
STATE PROFILE – IOWA

Potential Beneficiaries in 2015

In Iowa, there were 185,800 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

185,800 families could benefit from home visiting

Many home visiting services are geared toward particular subpopulations. The NHVRC estimated the percentage of families who could benefit in Iowa who met the following criteria:



Of the 185,800 families who could benefit—

50% met one or more of the criteria above

19% met two or more of the criteria above

Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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STATE PROFILE – KANSAS

Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Kansas included Early Head Start, Healthy Families America, Parents as Teachers, and Play and Learning Strategies. Statewide, 97 local agencies operated at least one of these models.

76,864
home visits provided

9,811
families served

12,038
children served

Race

3% American Indian/ Alaska Native	77% White
4% Asian	9% Multiple
4% Black	2% Other
<1% Native Hawaiian/ Pacific Islander	

Ethnicity

Hispanic or Latino

Caregiver education

No high school diploma

Child age

21% < 1 year
60% 1-2 years
19% 3-5 years

Child insurance status

87% Public
9% Private
4% None

Primary language

68% English
28% Spanish
4% Other

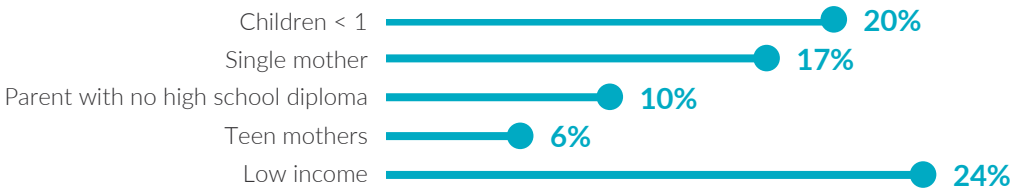
STATE PROFILE – KANSAS

Potential Beneficiaries in 2015

In Kansas, there were 182,700 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

182,700 families could benefit from home visiting

Many home visiting services are geared toward particular subpopulations. The NHVRC estimated the percentage of families who could benefit in Kansas who met the following criteria:



Of the 182,700 families who could benefit—

54% met one or more of the criteria above

20% met two or more of the criteria above

Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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STATE PROFILE – LOUISIANA

Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Louisiana included Early Head Start, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, and Parents as Teachers. Statewide, 23 local agencies operated at least one of these models.

24,591
home visits provided

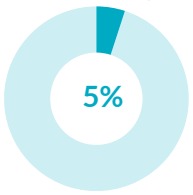
2,247
families served

1,798
children served

Race

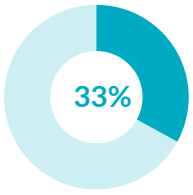
- **<1%** American Indian/ Alaska Native
- **<1%** Asian
- **71%** Black
- **<1%** Native Hawaiian/ Pacific Islander
- **24%** White
- **3%** Multiple
- **0%** Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **43%** < 1 year
- **31%** 1-2 years
- **26%** 3-5 years

Child insurance status

- **77%** Public
- **4%** Private
- **19%** None

Primary language

- **96%** English
- **3%** Spanish
- **<1%** Other

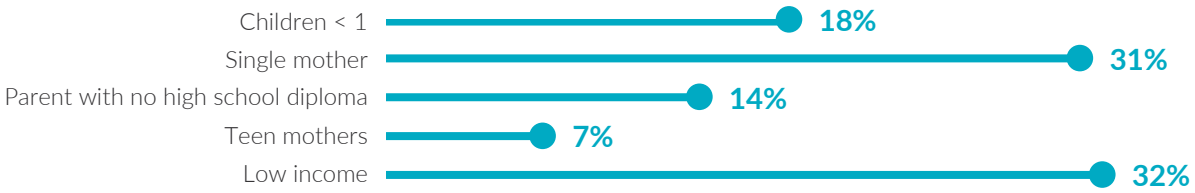
STATE PROFILE – LOUISIANA

Potential Beneficiaries in 2015

In Louisiana, there were 285,800 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

285,800 families could benefit from home visiting

Many home visiting services are geared toward particular subpopulations. The NHVRC estimated the percentage of families who could benefit in Louisiana who met the following criteria:



Of the 285,800 families who could benefit—

62%
met one or more of the criteria above

30%
met two or more of the criteria above

Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • HIPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. HIPPY reports primary language of children. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • EHS programs in LA include a combination of center-based and home-based services. Home-based service data cannot be isolated from statewide data; therefore, EHS data are not reported. • To protect confidentiality, race categories with fewer than five participants were combined with "Other." • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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STATE PROFILE – MAINE

Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Maine included Early Head Start and Parents as Teachers. Statewide, 24 local agencies operated at least one of these models.

23,996
home visits provided

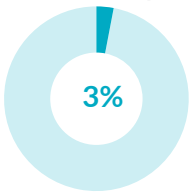
2,332
families served

2,633
children served

Race

4% American Indian/ Alaska Native	82% White
0% Asian	8% Multiple
4% Black	2% Other
0% Native Hawaiian/ Pacific Islander	

Ethnicity



Hispanic or Latino

Caregiver education

No high school diploma

Child age

52% < 1 year	
43% 1-2 years	
5% 3-5 years	

Child insurance status

NA Public	
NA Private	
NA None	

Primary language

NA English	
NA Spanish	
NA Other	

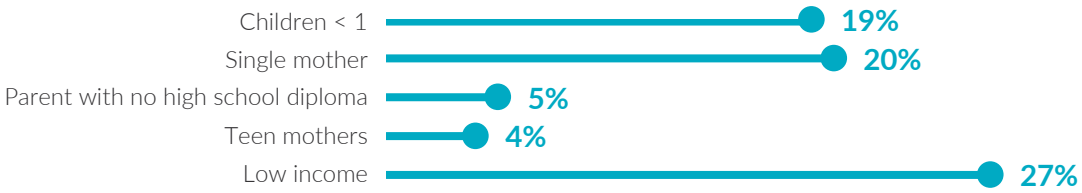
STATE PROFILE – MAINE

Potential Beneficiaries in 2015

In Maine, there were 64,600 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

64,600 families could benefit from home visiting

Many home visiting services are geared toward particular subpopulations. The NHVRC estimated the percentage of families who could benefit in Maine who met the following criteria:



Of the 64,600 families who could benefit—

54%
met one or more of the criteria above

21%
met two or more of the criteria above

Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • EHS programs in ME include a combination of center-based and home-based services. Home-based service data cannot be isolated from statewide data; therefore, EHS data are not reported. • To protect confidentiality, race categories with fewer than five participants were combined with "Other." • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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STATE PROFILE – MARYLAND

Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Maryland included Early Head Start, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parents as Teachers, and SafeCare. Statewide, 44 local agencies operated at least one of these models.

43,058
home visits provided

3,457
families served

3,683
children served

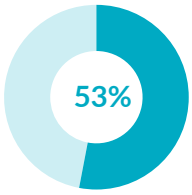
Race

- **<1%** American Indian/ Alaska Native
- **1%** Asian
- **46%** Black
- **<1%** Native Hawaiian/ Pacific Islander
- **42%** White
- **6%** Multiple
- **3%** Other

Ethnicity

Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **25%** < 1 year
- **43%** 1-2 years
- **32%** 3-5 years

Child insurance status

- **86%** Public
- **10%** Private
- **4%** None

Primary language

- **61%** English
- **28%** Spanish
- **11%** Other

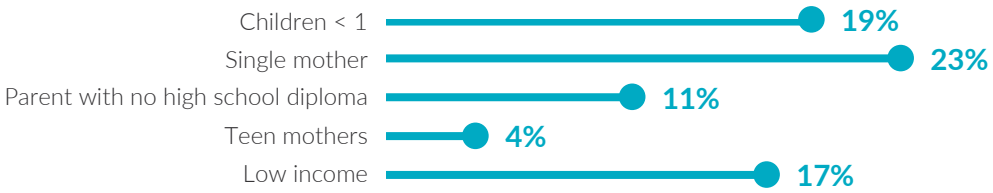
STATE PROFILE – MARYLAND

Potential Beneficiaries in 2015

In Maryland, there were 336,300 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

336,300 families could benefit from home visiting

Many home visiting services are geared toward particular subpopulations. The NHVRC estimated the percentage of families who could benefit in Maryland who met the following criteria:



Of the 336,300 families who could benefit—

53% met one or more of the criteria above

20% met two or more of the criteria above

Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • HIPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. HIPPY reports primary language of children. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • EHS programs in MD include a combination of center-based and home-based services. Home-based service data cannot be isolated from statewide data; therefore, EHS data are not reported. • To protect confidentiality, race categories with fewer than five participants were combined with "Other." • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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STATE PROFILE – MASSACHUSETTS

Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Massachusetts included Early Head Start, Healthy Families America, and Parents as Teachers. Statewide, 45 local agencies operated at least one of these models.

37,739
home visits provided

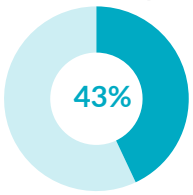
3,575
families served

3,013
children served

Race

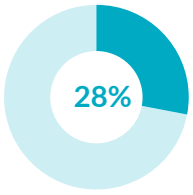
- **0%** American Indian/ Alaska Native
- **3%** Asian
- **16%** Black
- **0%** Native Hawaiian/ Pacific Islander
- **40%** White
- **28%** Multiple
- **13%** Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **40%** < 1 year
- **49%** 1-2 years
- **11%** 3-5 years

Child insurance status

- **96%** Public
- **3%** Private
- **<1%** None

Primary language

- **65%** English
- **26%** Spanish
- **9%** Other

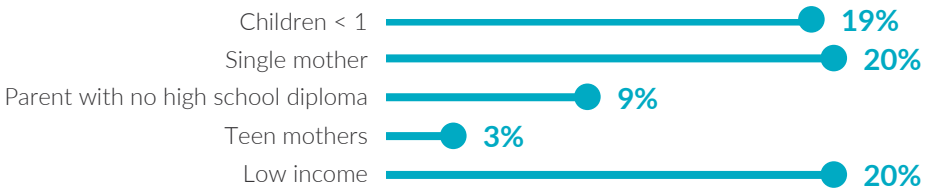
STATE PROFILE – MASSACHUSETTS

Potential Beneficiaries in 2015

In Massachusetts, there were 348,300 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

348,300 families could benefit from home visiting

Many home visiting services are geared toward particular subpopulations. The NHVRC estimated the percentage of families who could benefit in Massachusetts who met the following criteria:



Of the 348,300 families who could benefit—

51%
met one or more of the criteria above

19%
met two or more of the criteria above

Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • HFA is only represented in the number of children and families served and the number of home visits. • To protect confidentiality, race categories with fewer than five participants were combined with "Other." • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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STATE PROFILE – MICHIGAN

Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Michigan included Early Head Start, Family Check-Up, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, and Parents as Teachers. Statewide, 104 local agencies operated at least one of these models.

83,511
home visits provided

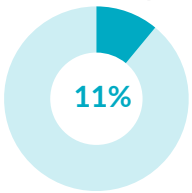
8,580
families served

9,638
children served

Race

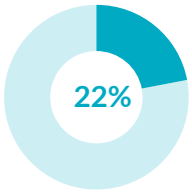
- **2%** American Indian/ Alaska Native
- **4%** Asian
- **23%** Black
- **1%** Native Hawaiian/ Pacific Islander
- **60%** White
- **9%** Multiple
- **<1%** Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **25%** < 1 year
- **50%** 1-2 years
- **25%** 3-5 years

Child insurance status

- **91%** Public
- **4%** Private
- **5%** None

Primary language

- **92%** English
- **4%** Spanish
- **4%** Other

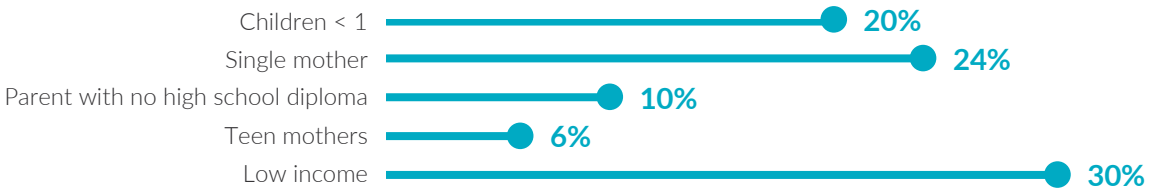
STATE PROFILE – MICHIGAN

Potential Beneficiaries in 2015

In Michigan, there were 536,300 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

536,300 families could benefit from home visiting

Many home visiting services are geared toward particular subpopulations. The NHVRC estimated the percentage of families who could benefit in Michigan who met the following criteria:



Of the 536,300 families who could benefit—

58% met one or more of the criteria above

26% met two or more of the criteria above

Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • HIPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. HIPPY reports primary language of children. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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STATE PROFILE – MINNESOTA

Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Minnesota included Early Head Start, Family Spirit, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, and Parents as Teachers. Statewide, 51 local agencies operated at least one of these models.

31,864
home visits provided

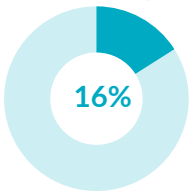
2,582
families served

1,304
children served

Race

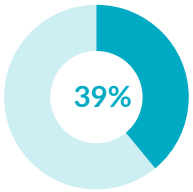
- **8%** American Indian/ Alaska Native
- **0%** Asian
- **21%** Black
- **0%** Native Hawaiian/ Pacific Islander
- **61%** White
- **6%** Multiple
- **5%** Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **39%** < 1 year
- **52%** 1-2 years
- **9%** 3-5 years

Child insurance status

- **75%** Public
- **12%** Private
- **13%** None

Primary language

- **86%** English
- **10%** Spanish
- **4%** Other

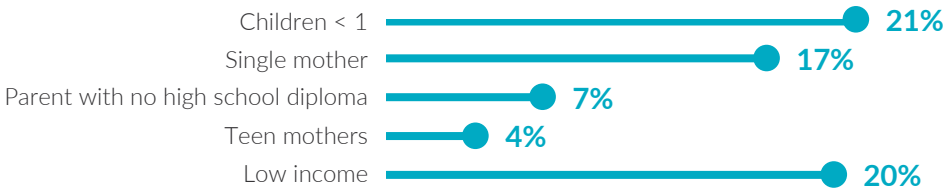
STATE PROFILE – MINNESOTA

Potential Beneficiaries in 2015

In Minnesota, there were 323,300 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

323,300 families could benefit from home visiting

Many home visiting services are geared toward particular subpopulations. The NHVRC estimated the percentage of families who could benefit in Minnesota who met the following criteria:



Of the 323,300 families who could benefit—

50% met one or more of the criteria above

18% met two or more of the criteria above

Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • HIPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. HIPPY reports primary language of children. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • To protect confidentiality, race categories with fewer than five participants were combined with "Other." • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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STATE PROFILE – MISSISSIPPI

Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Mississippi included Early Head Start, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, and Parents as Teachers. Statewide, 18 local agencies operated at least one of these models.

10,603
home visits provided

703
families served

956
children served

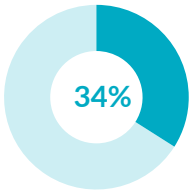
Race

0% American Indian/ Alaska Native	<1% White
0% Asian	0% Multiple
98% Black	<1% Other
0% Native Hawaiian/ Pacific Islander	

Ethnicity

Hispanic or Latino

Caregiver education



No high school diploma

Child age

40% < 1 year	
42% 1-2 years	
18% 3-5 years	

Child insurance status

96% Public	
4% Private	
0% None	

Primary language

99% English	
1% Spanish	
0% Other	

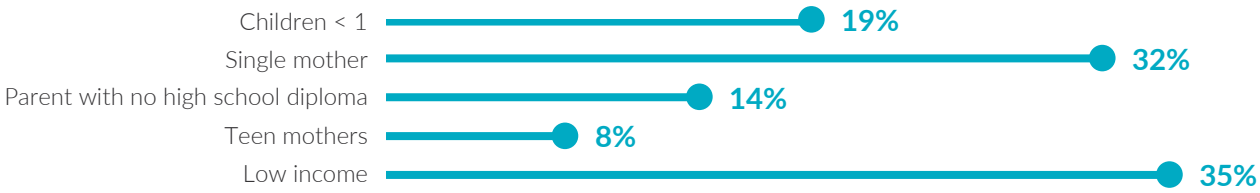
STATE PROFILE – MISSISSIPPI

Potential Beneficiaries in 2015

In Mississippi, there were 181,100 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

181,100 families could benefit from home visiting

Many home visiting services are geared toward particular subpopulations. The NHVRC estimated the percentage of families who could benefit in Mississippi who met the following criteria:



Of the 181,100 families who could benefit—

64% met one or more of the criteria above

33% met two or more of the criteria above

Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • HIPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. HIPPY reports primary language of children. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • EHS programs in MS include a combination of center-based and home-based services. Home-based service data cannot be isolated from statewide data; therefore, EHS data are not reported. • To protect confidentiality, race categories with fewer than five participants were combined with "Other." • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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STATE PROFILE – MISSOURI

Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Missouri included Early Head Start, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, 370 local agencies operated at least one of these models.

158,633
home visits provided

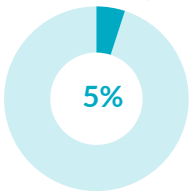
30,932
families served

44,171
children served

Race

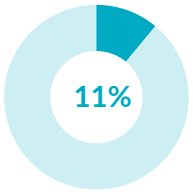
- **<1%** American Indian/ Alaska Native
- **2%** Asian
- **8%** Black
- **2%** Native Hawaiian/ Pacific Islander
- **77%** White
- **9%** Multiple
- **<1%** Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **15%** < 1 year
- **41%** 1-2 years
- **44%** 3-5 years

Child insurance status

- **91%** Public
- **1%** Private
- **8%** None

Primary language

- **72%** English
- **27%** Spanish
- **<1%** Other

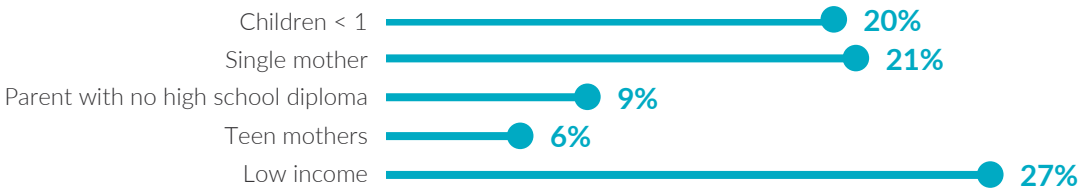
STATE PROFILE – MISSOURI

Potential Beneficiaries in 2015

In Missouri, there were 353,800 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

353,800 families could benefit from home visiting

Many home visiting services are geared toward particular subpopulations. The NHVRC estimated the percentage of families who could benefit in Missouri who met the following criteria:



Of the 353,800 families who could benefit—

56% met one or more of the criteria above

23% met two or more of the criteria above

Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • EHS programs in MO include a combination of center-based and home-based services. Home-based service data cannot be isolated from statewide data, therefore EHS data are not reported. • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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National Home Visiting Resource Center
www.nhvrc.org

STATE PROFILE – MONTANA

Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Montana included Early Head Start, Family Spirit, Nurse-Family Partnership, Parents as Teachers, and SafeCare. Statewide, 59 local agencies operated at least one of these models.

14,441
home visits provided

1,060
families served

1,121
children served

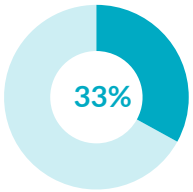
Race

- **16%** American Indian/ Alaska Native
- **<1%** Asian
- **1%** Black
- **1%** Native Hawaiian/ Pacific Islander
- **64%** White
- **14%** Multiple
- **3%** Other

Ethnicity

Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **47%** < 1 year
- **40%** 1-2 years
- **13%** 3-5 years

Child insurance status

- **64%** Public
- **2%** Private
- **34%** None

Primary language

- **96%** English
- **0%** Spanish
- **4%** Other

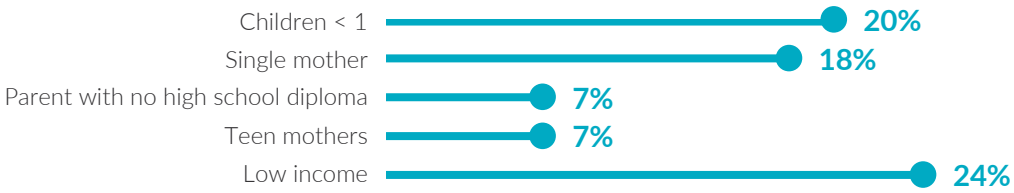
STATE PROFILE – MONTANA

Potential Beneficiaries in 2015

In Montana, there were 55,900 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

55,900 families could benefit from home visiting

Many home visiting services are geared toward particular subpopulations. The NHVRC estimated the percentage of families who could benefit in Montana who met the following criteria:



Of the 55,900 families who could benefit—

52%
met one or more of the criteria above

21%
met two or more of the criteria above

Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • EHS programs in MT include a combination of center-based and home-based services. Home-based service data cannot be isolated from statewide data; therefore, EHS data are not reported. • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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STATE PROFILE – NEBRASKA

Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Nebraska included Early Head Start, Family Spirit, Healthy Families America, and Parents as Teachers. Statewide, 20 local agencies operated at least one of these models.

16,290
home visits provided

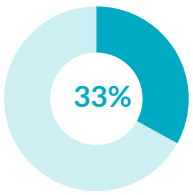
1,375
families served

1,499
children served

Race

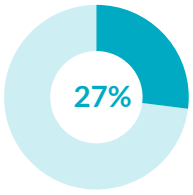
- **7%** American Indian/ Alaska Native
- **4%** Asian
- **8%** Black
- **<1%** Native Hawaiian/ Pacific Islander
- **63%** White
- **7%** Multiple
- **10%** Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **42%** < 1 year
- **47%** 1-2 years
- **11%** 3-5 years

Child insurance status

- **87%** Public
- **5%** Private
- **8%** None

Primary language

- **73%** English
- **20%** Spanish
- **7%** Other

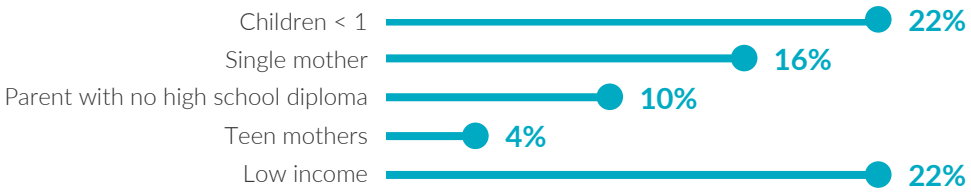
STATE PROFILE – NEBRASKA

Potential Beneficiaries in 2015

In Nebraska, there were 116,300 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

116,300 families could benefit from home visiting

Many home visiting services are geared toward particular subpopulations. The NHVRC estimated the percentage of families who could benefit in Nebraska who met the following criteria:



Of the 116,300 families who could benefit—

53% met one or more of the criteria above

20% met two or more of the criteria above

Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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STATE PROFILE – NEVADA

Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Nevada included Early Head Start, Family Check-Up, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, and Parents as Teachers. Statewide, nine local agencies operated at least one of these models.

2,645
home visits provided

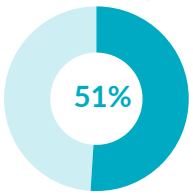
206
families served

206
children served

Race

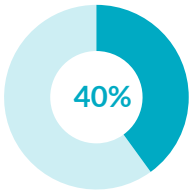
- **4%** American Indian/ Alaska Native
- **0%** Asian
- **23%** Black
- **0%** Native Hawaiian/ Pacific Islander
- **51%** White
- **19%** Multiple
- **3%** Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **6%** < 1 year
- **17%** 1-2 years
- **77%** 3-5 years

Child insurance status

- **57%** Public
- **22%** Private
- **21%** None

Primary language

- **67%** English
- **32%** Spanish
- **1%** Other

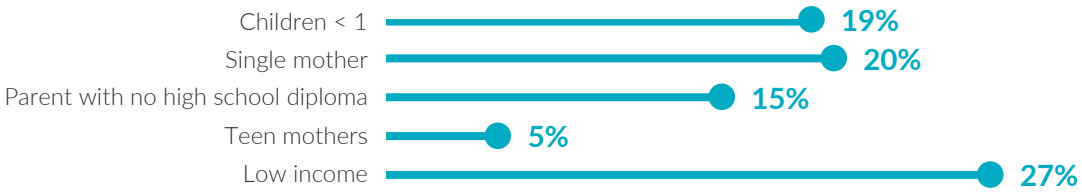
STATE PROFILE – NEVADA

Potential Beneficiaries in 2015

In Nevada, there were 168,900 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

168,900 families could benefit from home visiting

Many home visiting services are geared toward particular subpopulations. The NHVRC estimated the percentage of families who could benefit in Nevada who met the following criteria:



Of the 168,900 families who could benefit—

58% met one or more of the criteria above

24% met two or more of the criteria above

Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • HIPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. HIPPY reports primary language of children. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • EHS programs in NV include a combination of center-based and home-based services. Home-based service data cannot be isolated from statewide data; therefore, EHS data are not reported. • To protect confidentiality, race categories with fewer than five participants were combined with "Other." • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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STATE PROFILE – NEW HAMPSHIRE

Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in New Hampshire included Early Head Start and Healthy Families America. Statewide, 10 local agencies operated at least one of these models.

3,377
home visits provided

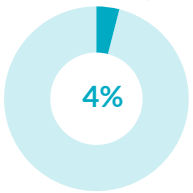
434
families served

392
children served

Race

0% American Indian/ Alaska Native	82% White
2% Asian	6% Multiple
5% Black	5% Other
0% Native Hawaiian/ Pacific Islander	

Ethnicity



Hispanic or Latino

Caregiver education

No high school diploma

Child age

28% < 1 year	
65% 1-2 years	
7% 3-5 years	

Child insurance status

90% Public	
5% Private	
5% None	

Primary language

77% English	
13% Spanish	
10% Other	

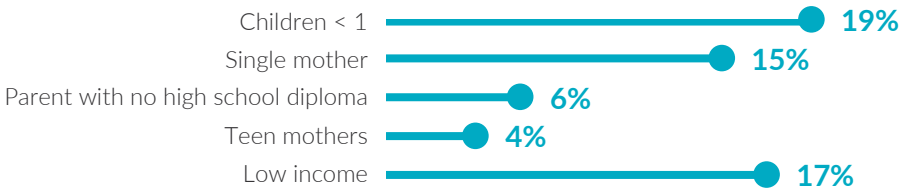
STATE PROFILE – NEW HAMPSHIRE

Potential Beneficiaries in 2015

In New Hampshire, there were 65,000 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

65,000 families could benefit from home visiting

Many home visiting services are geared toward particular subpopulations. The NHVRC estimated the percentage of families who could benefit in New Hampshire who met the following criteria:



Of the 65,000 families who could benefit—

47%
met one or more of the criteria above

15%
met two or more of the criteria above

Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • To protect confidentiality, race categories with fewer than five participants were combined with "Other." • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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STATE PROFILE – NEW JERSEY

Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in New Jersey included Early Head Start, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, and Parents as Teachers. Statewide, 59 local agencies operated at least one of these models.

48,465
home visits provided

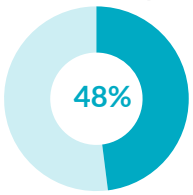
4,226
families served

3,979
children served

Race

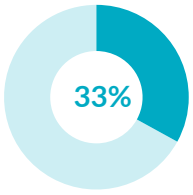
- 2% American Indian/ Alaska Native
- 2% Asian
- 38% Black
- 2% Native Hawaiian/ Pacific Islander
- 36% White
- 10% Multiple
- 10% Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- 32% < 1 year
- 51% 1-2 years
- 17% 3-5 years

Child insurance status

- 78% Public
- 10% Private
- 12% None

Primary language

- 56% English
- 43% Spanish
- <1% Other

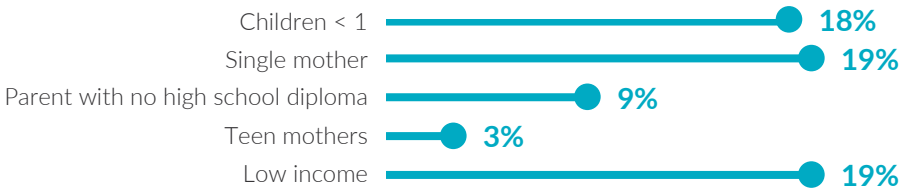
STATE PROFILE – NEW JERSEY

Potential Beneficiaries in 2015

In New Jersey, there were 490,100 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

490,100 families could benefit from home visiting

Many home visiting services are geared toward particular subpopulations. The NHVRC estimated the percentage of families who could benefit in New Jersey who met the following criteria:



Of the 490,100 families who could benefit—

50%
met one or more of the criteria above

18%
met two or more of the criteria above

Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • HIPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. HIPPY reports primary language of children. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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STATE PROFILE – NEW MEXICO

Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in New Mexico included Early Head Start, Family Spirit, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, and Parents as Teachers. Statewide, 45 local agencies operated at least one of these models.

21,238
home visits provided

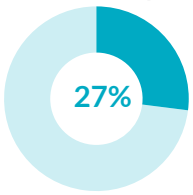
2,074
families served

2,144
children served

Race

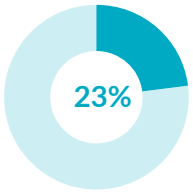
- **74%** American Indian/ Alaska Native
- **<1%** Asian
- **1%** Black
- **0%** Native Hawaiian/ Pacific Islander
- **20%** White
- **3%** Multiple
- **1%** Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **27%** < 1 year
- **52%** 1-2 years
- **21%** 3-5 years

Child insurance status

- **58%** Public
- **2%** Private
- **40%** None

Primary language

- **67%** English
- **31%** Spanish
- **2%** Other

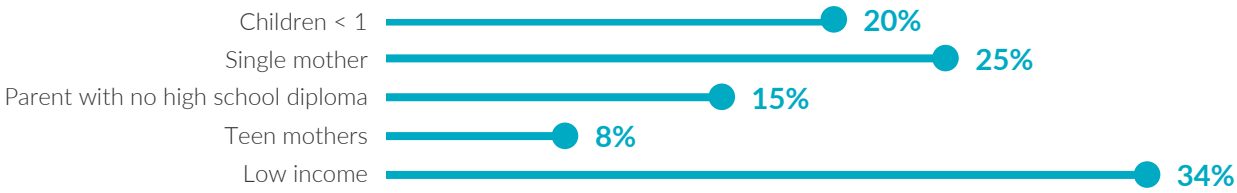
STATE PROFILE – NEW MEXICO

Potential Beneficiaries in 2015

In New Mexico, there were 127,000 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

127,000 families could benefit from home visiting

Many home visiting services are geared toward particular subpopulations. The NHVRC estimated the percentage of families who could benefit in New Mexico who met the following criteria:



Of the 127,000 families who could benefit—

64% met one or more of the criteria above

31% met two or more of the criteria above

Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • HIPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. HIPPY reports primary language of children. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • EHS programs in NM include a combination of center-based and home-based services. Home-based service data cannot be isolated from statewide data; therefore, EHS data are not reported. • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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STATE PROFILE – NEW YORK

Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in New York included Early Head Start, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parents as Teachers, Play and Learning Strategies, and SafeCare. Statewide, 132 local agencies operated at least one of these models.

119,647
home visits provided

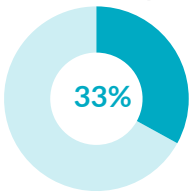
10,214
families served

9,277
children served

Race

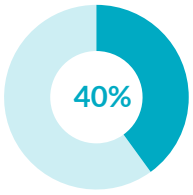
- **<1%** American Indian/ Alaska Native
- **2%** Asian
- **36%** Black
- **<1%** Native Hawaiian/ Pacific Islander
- **47%** White
- **9%** Multiple
- **4%** Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **35%** < 1 year
- **45%** 1-2 years
- **20%** 3-5 years

Child insurance status

- **85%** Public
- **9%** Private
- **6%** None

Primary language

- **69%** English
- **26%** Spanish
- **5%** Other

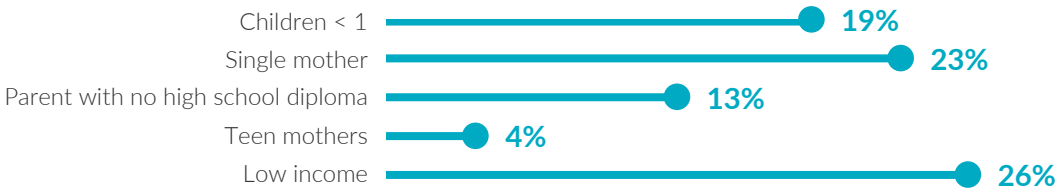
STATE PROFILE – NEW YORK

Potential Beneficiaries in 2015

In New York, there were 1,106,000 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

1,106,000 families could benefit from home visiting

Many home visiting services are geared toward particular subpopulations. The NHVRC estimated the percentage of families who could benefit in New York who met the following criteria:



Of the 1,106,000 families who could benefit—

58% met one or more of the criteria above

24% met two or more of the criteria above

Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • HIPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. HIPPY reports primary language of children. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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STATE PROFILE – NORTH CAROLINA

Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in North Carolina included Early Head Start, Family Connects, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parents as Teachers, and SafeCare. Statewide, 91 local agencies operated at least one of these models.

56,923
home visits provided

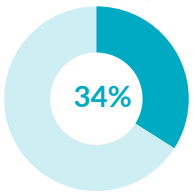
4,511
families served

5,668
children served

Race

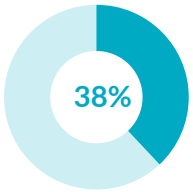
- **2%** American Indian/ Alaska Native
- **2%** Asian
- **26%** Black
- **<1%** Native Hawaiian/ Pacific Islander
- **49%** White
- **17%** Multiple
- **3%** Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **19%** < 1 year
- **40%** 1-2 years
- **41%** 3-5 years

Child insurance status

- **84%** Public
- **5%** Private
- **11%** None

Primary language

- **82%** English
- **16%** Spanish
- **2%** Other

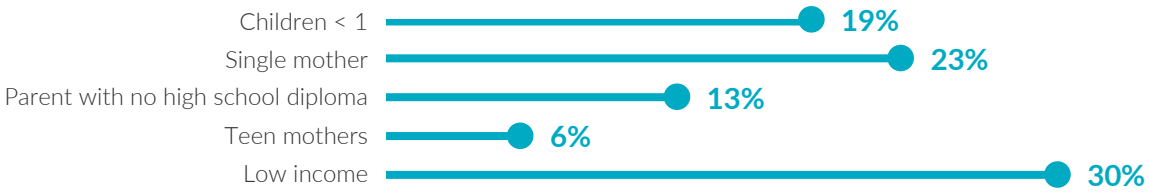
STATE PROFILE – NORTH CAROLINA

Potential Beneficiaries in 2015

In North Carolina, there were 580,100 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

580,100 families could benefit from home visiting

Many home visiting services are geared toward particular subpopulations. The NHVRC estimated the percentage of families who could benefit in North Carolina who met the following criteria:



Of the 580,100 families who could benefit—

58% met one or more of the criteria above

27% met two or more of the criteria above

Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • HIPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. HIPPY reports primary language of children. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • HFA is not represented in the number of home visits. • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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STATE PROFILE – NORTH DAKOTA

Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in North Dakota included Early Head Start, Healthy Families America, and Parents as Teachers. Statewide, 15 local agencies operated at least one of these models.

2,730
home visits provided

376
families served

417
children served

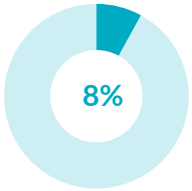
Race

68% American Indian/ Alaska Native	24% White
0% Asian	0% Multiple
6% Black	2% Other
0% Native Hawaiian/ Pacific Islander	

Ethnicity

Hispanic or Latino

Caregiver education



No high school diploma

Child age

37% < 1 year	
50% 1-2 years	
13% 3-5 years	

Child insurance status

85% Public	
13% Private	
2% None	

Primary language

NA English	
NA Spanish	
NA Other	

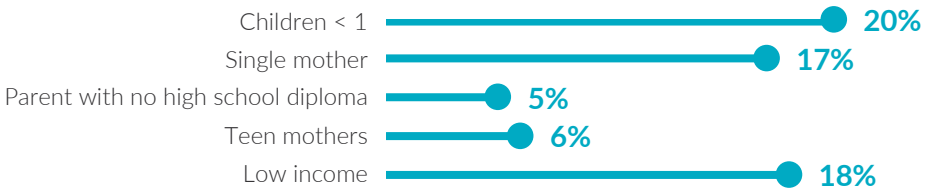
STATE PROFILE – NORTH DAKOTA

Potential Beneficiaries in 2015

In North Dakota, there were 44,600 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

44,600 families could benefit from home visiting

Many home visiting services are geared toward particular subpopulations. The NHVRC estimated the percentage of families who could benefit in North Dakota who met the following criteria:



Of the 44,600 families who could benefit—

48% met one or more of the criteria above

17% met two or more of the criteria above

Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • EHS programs in ND include a combination of center-based and home-based services. Home-based service data cannot be isolated from statewide data; therefore, EHS data are not reported. • To protect confidentiality, race categories with fewer than five participants were combined with "Other." • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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STATE PROFILE – OHIO

Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Ohio included Early Head Start, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parents as Teachers, and SafeCare. Statewide, 129 local agencies operated at least one of these models.

45,979
home visits provided

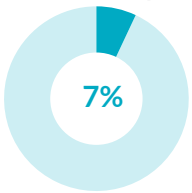
15,548
families served

16,104
children served

Race

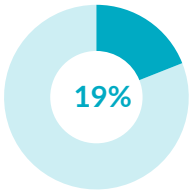
- **0%** American Indian/ Alaska Native
- **1%** Asian
- **26%** Black
- **0%** Native Hawaiian/ Pacific Islander
- **57%** White
- **14%** Multiple
- **2%** Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **38%** < 1 year
- **49%** 1-2 years
- **13%** 3-5 years

Child insurance status

- **90%** Public
- **7%** Private
- **3%** None

Primary language

- **89%** English
- **9%** Spanish
- **2%** Other

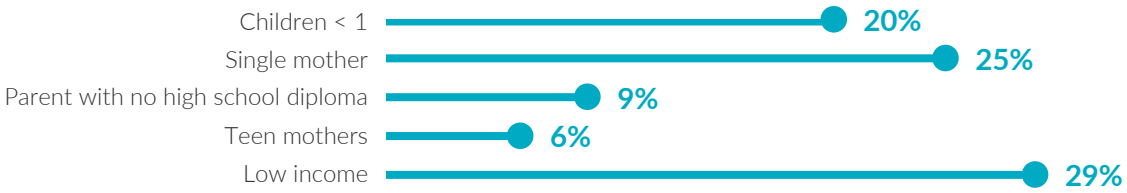
STATE PROFILE – OHIO

Potential Beneficiaries in 2015

In Ohio, there were 649,100 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

649,100 families could benefit from home visiting

Many home visiting services are geared toward particular subpopulations. The NHVRC estimated the percentage of families who could benefit in Ohio who met the following criteria:



Of the 649,100 families who could benefit—

57% met one or more of the criteria above

26% met two or more of the criteria above

Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • HIPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. HIPPY reports primary language of children. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • HFA is only represented in the number of children and families served. • To protect confidentiality, race categories with fewer than five participants were combined with "Other." • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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STATE PROFILE – OKLAHOMA

Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Oklahoma included Early Head Start, Family Spirit, Healthy Families America, Nurse-Family Partnership, Parents as Teachers, and SafeCare. Statewide, 37 local agencies operated at least one of these models.

58,844
home visits provided

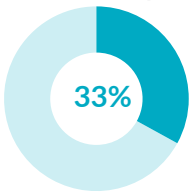
5,686
families served

5,248
children served

Race

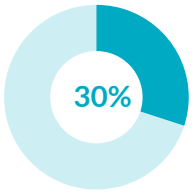
- **12%** American Indian/ Alaska Native
- **4%** Asian
- **13%** Black
- **<1%** Native Hawaiian/ Pacific Islander
- **63%** White
- **5%** Multiple
- **2%** Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **36%** < 1 year
- **51%** 1-2 years
- **13%** 3-5 years

Child insurance status

- **89%** Public
- **10%** Private
- **1%** None

Primary language

- **80%** English
- **15%** Spanish
- **5%** Other

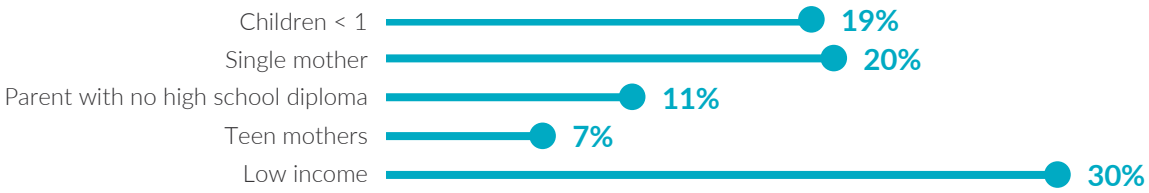
STATE PROFILE – OKLAHOMA

Potential Beneficiaries in 2015

In Oklahoma, there were 244,300 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

244,300 families could benefit from home visiting

Many home visiting services are geared toward particular subpopulations. The NHVRC estimated the percentage of families who could benefit in Oklahoma who met the following criteria:



Of the 244,300 families who could benefit—

58% met one or more of the criteria above

25% met two or more of the criteria above

Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • NFP data represent MIECHV and non-MIECHV participants. • EHS programs in OK include a combination of center-based and home-based services. Home-based service data cannot be isolated from statewide data; therefore, EHS data are not reported. • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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STATE PROFILE – OREGON

Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Oregon included Early Head Start, Family Spirit, Healthy Families America, Nurse-Family Partnership, Parents as Teachers, and SafeCare. Statewide, 55 local agencies operated at least one of these models.

38,072
home visits provided

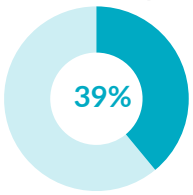
3,038
families served

3,118
children served

Race

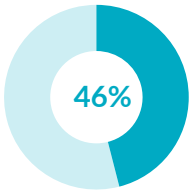
- 4% American Indian/ Alaska Native
- 13% Asian
- 11% Black
- <1% Native Hawaiian/ Pacific Islander
- 58% White
- 6% Multiple
- 7% Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- 28% < 1 year
- 43% 1-2 years
- 29% 3-5 years

Child insurance status

- 86% Public
- 5% Private
- 9% None

Primary language

- 83% English
- 11% Spanish
- 6% Other

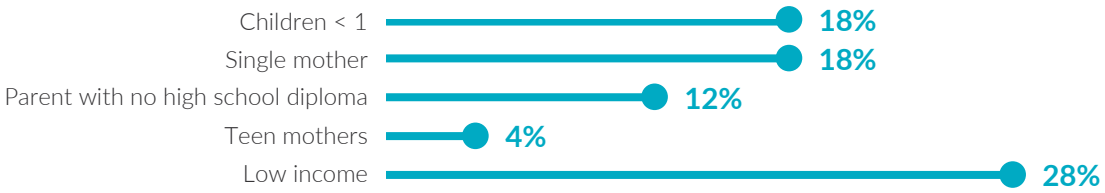
STATE PROFILE – OREGON

Potential Beneficiaries in 2015

In Oregon, there were 219,100 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

219,100 families could benefit from home visiting

Many home visiting services are geared toward particular subpopulations. The NHVRC estimated the percentage of families who could benefit in Oregon who met the following criteria:



Of the 219,100 families who could benefit—

55% met one or more of the criteria above

22% met two or more of the criteria above

Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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STATE PROFILE – PENNSYLVANIA

Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Pennsylvania included Early Head Start, Family Check-Up, Healthy Families America, Nurse-Family Partnership, Parents as Teachers, and SafeCare. Statewide, 137 local agencies operated at least one of these models.

141,568
home visits provided

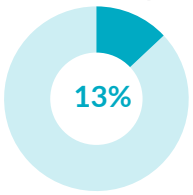
12,441
families served

14,550
children served

Race

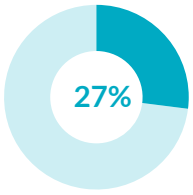
- **<1%** American Indian/ Alaska Native
- **3%** Asian
- **24%** Black
- **<1%** Native Hawaiian/ Pacific Islander
- **56%** White
- **11%** Multiple
- **4%** Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **23%** < 1 year
- **44%** 1-2 years
- **33%** 3-5 years

Child insurance status

- **89%** Public
- **4%** Private
- **7%** None

Primary language

- **90%** English
- **6%** Spanish
- **4%** Other

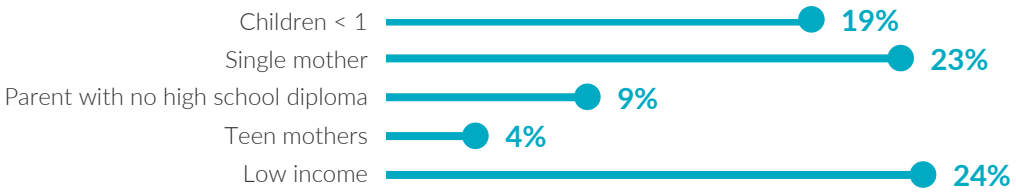
STATE PROFILE – PENNSYLVANIA

Potential Beneficiaries in 2015

In Pennsylvania, there were 661,300 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

661,300 families could benefit from home visiting

Many home visiting services are geared toward particular subpopulations. The NHVRC estimated the percentage of families who could benefit in Pennsylvania who met the following criteria:



Of the 661,300 families who could benefit—

54% met one or more of the criteria above

22% met two or more of the criteria above

Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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STATE PROFILE – PUERTO RICO

Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Puerto Rico included Early Head Start and Healthy Families America. Across the territory, 23 local agencies operated at least one of these models.

2,956
home visits provided

431
families served

407
children served

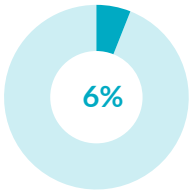
Race

0% American Indian/ Alaska Native	20% White
0% Asian	79% Multiple
0% Black	<1% Other
0% Native Hawaiian/ Pacific Islander	

Ethnicity

Hispanic or Latino

Caregiver education



No high school diploma

Child age

41% < 1 year	
55% 1-2 years	
4% 3-5 years	

Child insurance status

95% Public	
5% Private	
0% None	

Primary language

0% English	
100% Spanish	
0% Other	

STATE PROFILE – PUERTO RICO

Potential Beneficiaries in 2015

Information on potential beneficiaries was not available for Puerto Rico in 2015.

Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • To protect confidentiality, race categories with fewer than five participants were combined with "Other." • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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STATE PROFILE – RHODE ISLAND

Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Rhode Island included Early Head Start, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, 25 local agencies operated at least one of these models.

5,877
home visits provided

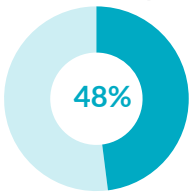
1,799
families served

1,746
children served

Race

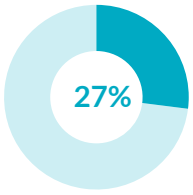
- **<1%** American Indian/ Alaska Native
- **2%** Asian
- **21%** Black
- **2%** Native Hawaiian/ Pacific Islander
- **53%** White
- **10%** Multiple
- **11%** Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **51%** < 1 year
- **42%** 1-2 years
- **7%** 3-5 years

Child insurance status

- **90%** Public
- **6%** Private
- **4%** None

Primary language

- **70%** English
- **27%** Spanish
- **3%** Other

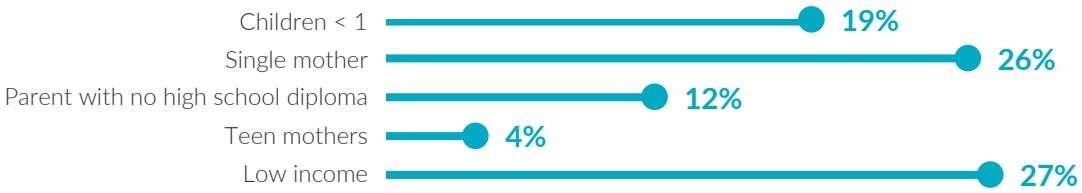
STATE PROFILE – RHODE ISLAND

Potential Beneficiaries in 2015

In Rhode Island, there were 54,300 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

54,300 families could benefit from home visiting

Many home visiting services are geared toward particular subpopulations. The NHVRC estimated the percentage of families who could benefit in Rhode Island who met the following criteria:



Of the 54,300 families who could benefit—

56% met one or more of the criteria above

26% met two or more of the criteria above

Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • HFA is not represented in the number of home visits.• Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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National Home Visiting **Resource Center**
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STATE PROFILE – SOUTH CAROLINA

Families Served Through Evidence-Based Home Visiting in 2015

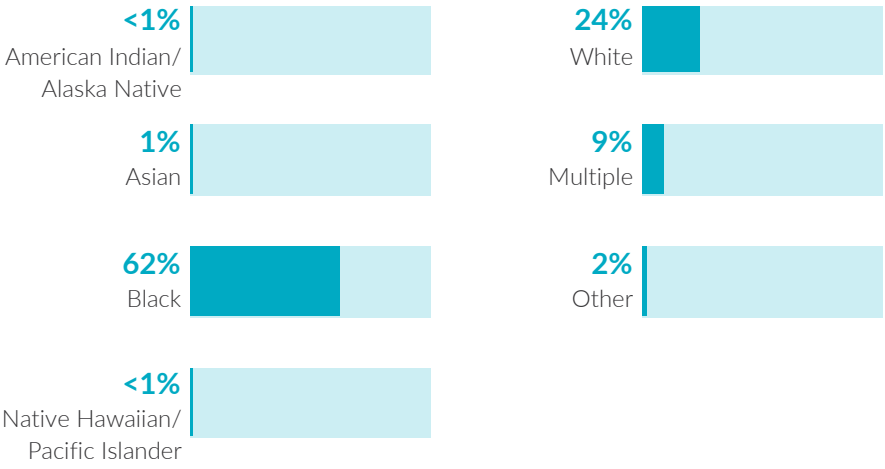
Models implemented in South Carolina included Early Head Start, Family Check-Up, Healthy Families America, Nurse-Family Partnership, Parents as Teachers, and SafeCare. Statewide, 70 local agencies operated at least one of these models.

33,990
home visits provided

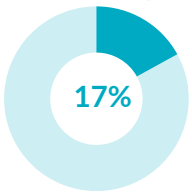
2,249
families served

2,512
children served

Race

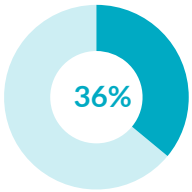


Ethnicity



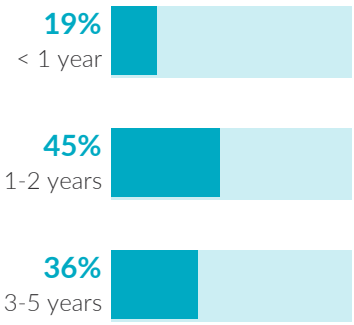
Hispanic or Latino

Caregiver education

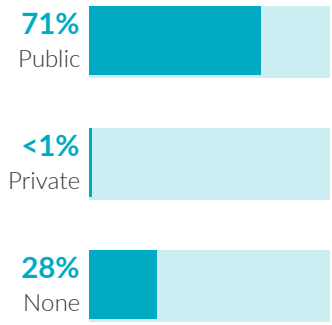


No high school diploma

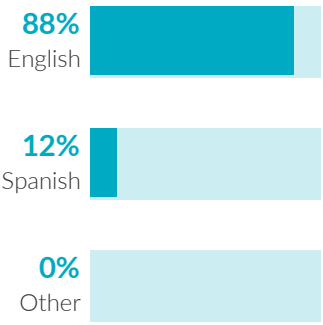
Child age



Child insurance status



Primary language



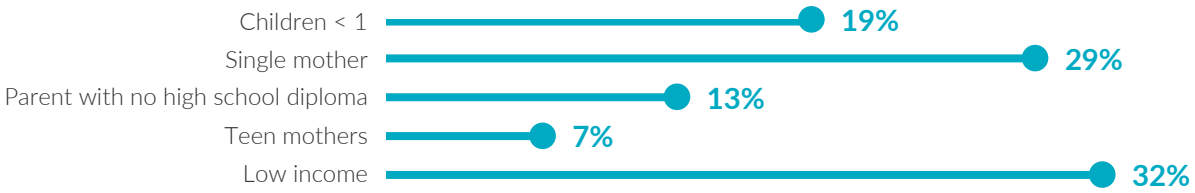
STATE PROFILE – SOUTH CAROLINA

Potential Beneficiaries in 2015

In South Carolina, there were 269,600 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

269,600 families could benefit from home visiting

Many home visiting services are geared toward particular subpopulations. The NHVRC estimated the percentage of families who could benefit in South Carolina who met the following criteria:



Of the 269,600 families who could benefit—

60% met one or more of the criteria above

29% met two or more of the criteria above

Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • EHS programs in SC include a combination of center-based and home-based services. Home-based service data cannot be isolated from statewide data; therefore, EHS data are not reported. • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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STATE PROFILE – SOUTH DAKOTA

Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in South Dakota included Early Head Start, Family Spirit, Nurse-Family Partnership, and Parents as Teachers. Statewide, 24 local agencies operated at least one of these models.

7,334
home visits provided

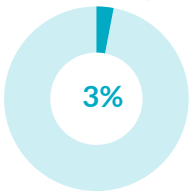
833
families served

916
children served

Race

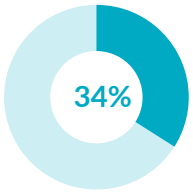
70% American Indian/ Alaska Native	25% White
1% Asian	3% Multiple
0% Black	<1% Other
0% Native Hawaiian/ Pacific Islander	

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

26% < 1 year	
48% 1-2 years	
26% 3-5 years	

Child insurance status

68% Public	
15% Private	
17% None	

Primary language

94% English	
3% Spanish	
3% Other	

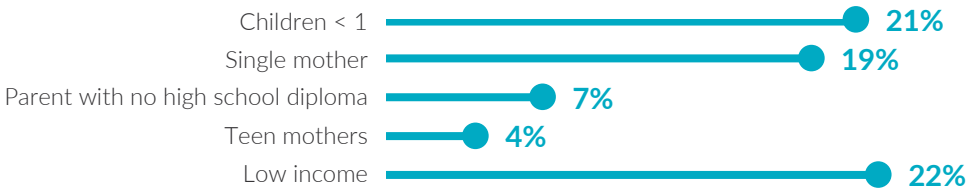
STATE PROFILE – SOUTH DAKOTA

Potential Beneficiaries in 2015

In South Dakota, there were 53,100 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

53,100 families could benefit from home visiting

Many home visiting services are geared toward particular subpopulations. The NHVRC estimated the percentage of families who could benefit in South Dakota who met the following criteria:



Of the 53,100 families who could benefit—

52% met one or more of the criteria above

19% met two or more of the criteria above

Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • To protect confidentiality, race categories with fewer than five participants were combined with "Other." • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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National Home Visiting Resource Center
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STATE PROFILE – TENNESSEE

Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Tennessee included Early Head Start, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, 27 local agencies operated at least one of these models.

23,997
home visits provided

2,829
families served

2,872
children served

Race

- 0% American Indian/ Alaska Native
- <1% Asian
- 32% Black
- 0% Native Hawaiian/ Pacific Islander
- 59% White
- 5% Multiple
- 3% Other

Ethnicity

Hispanic or Latino

Caregiver education

No high school diploma

Child age

- 48% < 1 year
- 41% 1-2 years
- 11% 3-5 years

Child insurance status

- 82% Public
- 13% Private
- 5% None

Primary language

- 91% English
- 7% Spanish
- 2% Other

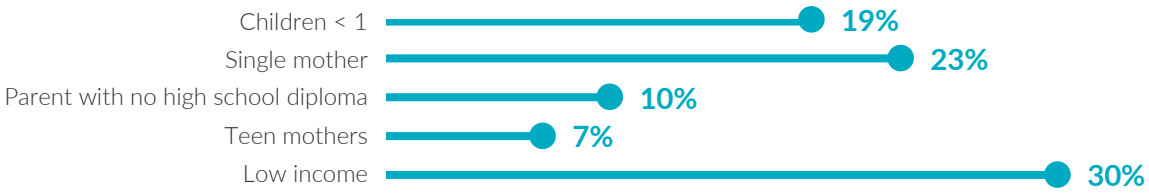
STATE PROFILE – TENNESSEE

Potential Beneficiaries in 2015

In Tennessee, there were 375,600 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

375,600 families could benefit from home visiting

Many home visiting services are geared toward particular subpopulations. The NHVRC estimated the percentage of families who could benefit in Tennessee who met the following criteria:



Of the 375,600 families who could benefit—

57% met one or more of the criteria above

26% met two or more of the criteria above

Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • To protect confidentiality, race categories with fewer than five participants were combined with "Other." • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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National Home Visiting Resource Center
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STATE PROFILE – TEXAS

Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Texas included Early Head Start, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parents as Teachers, Play and Learning Strategies, and SafeCare. Statewide, 111 local agencies operated at least one of these models.

76,567
home visits provided

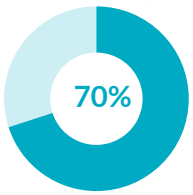
9,659
families served

11,145
children served

Race

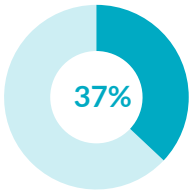
- 1% American Indian/ Alaska Native
- 1% Asian
- 11% Black
- 2% Native Hawaiian/ Pacific Islander
- 74% White
- 10% Multiple
- <1% Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- 14% < 1 year
- 32% 1-2 years
- 54% 3-5 years

Child insurance status

- 72% Public
- 4% Private
- 24% None

Primary language

- 46% English
- 53% Spanish
- 1% Other

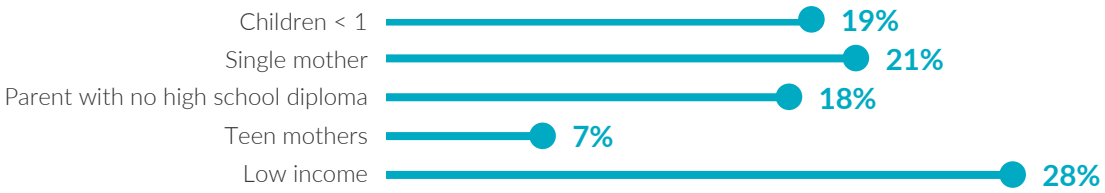
STATE PROFILE – TEXAS

Potential Beneficiaries in 2015

In Texas, there were 1,175,800 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

1,175,800 families could benefit from home visiting

Many home visiting services are geared toward particular subpopulations. The NHVRC estimated the percentage of families who could benefit in Texas who met the following criteria:



Of the 1,175,800 families who could benefit—

59% met one or more of the criteria above

27% met two or more of the criteria above

Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • HIPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. HIPPY reports primary language of children. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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STATE PROFILE – UTAH

Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Utah included Early Head Start, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, 24 local agencies operated at least one of these models.

19,712
home visits provided

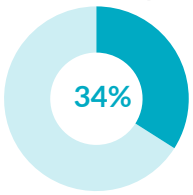
1,786
families served

1,882
children served

Race

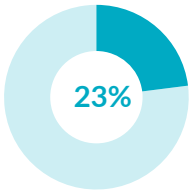
- **9%** American Indian/ Alaska Native
- **7%** Asian
- **2%** Black
- **2%** Native Hawaiian/ Pacific Islander
- **70%** White
- **6%** Multiple
- **4%** Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **33%** < 1 year
- **55%** 1-2 years
- **12%** 3-5 years

Child insurance status

- **76%** Public
- **6%** Private
- **18%** None

Primary language

- **71%** English
- **26%** Spanish
- **3%** Other

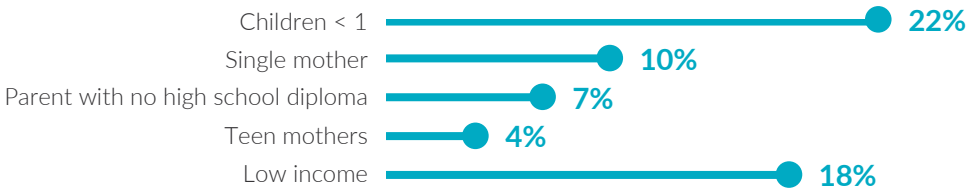
STATE PROFILE – UTAH

Potential Beneficiaries in 2015

In Utah, there were 218,100 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

218,100 families could benefit from home visiting

Many home visiting services are geared toward particular subpopulations. The NHVRC estimated the percentage of families who could benefit in Utah who met the following criteria:



Of the 218,100 families who could benefit—

48% met one or more of the criteria above

14% met two or more of the criteria above

Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • HFA is only represented in the number of children and families served and the number of home visits. • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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STATE PROFILE – VERMONT

Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Vermont included Early Head Start, Nurse-Family Partnership, Parents as Teachers, and SafeCare. Statewide, 12 local agencies operated at least one of these models.

4,541
home visits provided

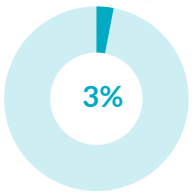
354
families served

320
children served

Race

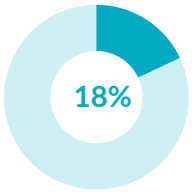
0% American Indian/ Alaska Native	84% White
2% Asian	9% Multiple
4% Black	<1% Other
0% Native Hawaiian/ Pacific Islander	

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

52% < 1 year	
45% 1-2 years	
3% 3-5 years	

Child insurance status

98% Public	
2% Private	
0% None	

Primary language

99% English	
0% Spanish	
<1% Other	

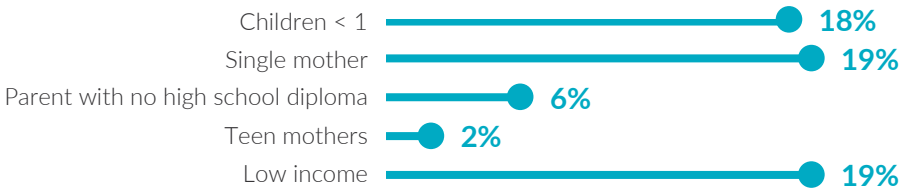
STATE PROFILE – VERMONT

Potential Beneficiaries in 2015

In Vermont, there were 29,400 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

29,400 families could benefit from home visiting

Many home visiting services are geared toward particular subpopulations. The NHVRC estimated the percentage of families who could benefit in Vermont who met the following criteria:



Of the 29,400 families who could benefit—

52% met one or more of the criteria above

14% met two or more of the criteria above

Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • EHS programs in HI include a combination of center-based and home-based services. Home-based service data cannot be isolated from statewide data; therefore, EHS data are not reported. • To protect confidentiality, race categories with fewer than five participants were combined with "Other." • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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STATE PROFILE – VIRGINIA

Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Virginia included Early Head Start, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, and Parents as Teachers. Statewide, 61 local agencies operated at least one of these models.

69,808
home visits provided

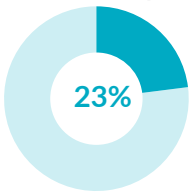
5,578
families served

6,005
children served

Race

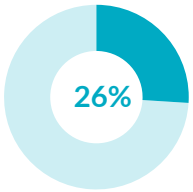
- 0% American Indian/ Alaska Native
- 2% Asian
- 50% Black
- 0% Native Hawaiian/ Pacific Islander
- 39% White
- 3% Multiple
- 6% Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- 26% < 1 year
- 39% 1-2 years
- 35% 3-5 years

Child insurance status

- 78% Public
- 10% Private
- 12% None

Primary language

- 75% English
- 19% Spanish
- 6% Other

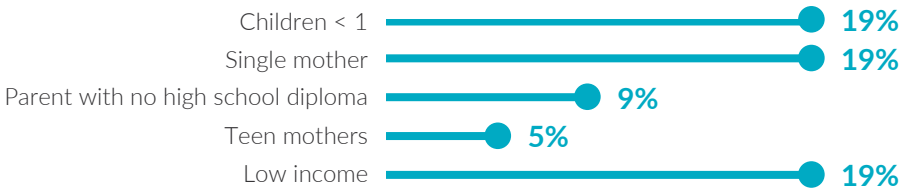
STATE PROFILE – VIRGINIA

Potential Beneficiaries in 2015

In Virginia, there were 478,400 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

478,400 families could benefit from home visiting

Many home visiting services are geared toward particular subpopulations. The NHVRC estimated the percentage of families who could benefit in Virginia who met the following criteria:



Of the 478,400 families who could benefit—

51%
met one or more of the criteria above

19%
met two or more of the criteria above

Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • HIPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. HIPPY reports primary language of children. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • To protect confidentiality, race categories with fewer than five participants were combined with "Other." • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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STATE PROFILE – WASHINGTON

Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Washington included Early Head Start, Family Spirit, Nurse-Family Partnership, Parents as Teachers, and SafeCare. Statewide, 86 local agencies operated at least one of these models.

33,142
home visits provided

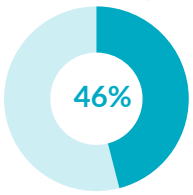
3,556
families served

3,551
children served

Race

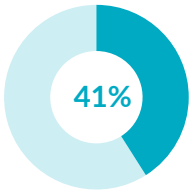
- **10%** American Indian/ Alaska Native
- **2%** Asian
- **7%** Black
- **<1%** Native Hawaiian/ Pacific Islander
- **63%** White
- **10%** Multiple
- **7%** Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **33%** < 1 year
- **51%** 1-2 years
- **16%** 3-5 years

Child insurance status

- **90%** Public
- **3%** Private
- **7%** None

Primary language

- **59%** English
- **34%** Spanish
- **7%** Other

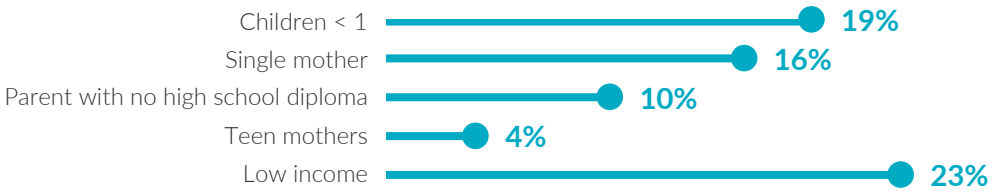
STATE PROFILE – WASHINGTON

Potential Beneficiaries in 2015

In Washington, there were 413,600 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

413,600 families could benefit from home visiting

Many home visiting services are geared toward particular subpopulations. The NHVRC estimated the percentage of families who could benefit in Washington who met the following criteria:



Of the 413,600 families who could benefit—

53% met one or more of the criteria above

20% met two or more of the criteria above

Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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STATE PROFILE – WEST VIRGINIA

Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in West Virginia included Early Head Start, Healthy Families America, and Parents as Teachers. Statewide, 28 local agencies operated at least one of these models.

9,985
home visits provided

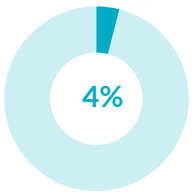
1,487
families served

1,751
children served

Race

0% American Indian/ Alaska Native	82% White
1% Asian	10% Multiple
6% Black	<1% Other
0% Native Hawaiian/ Pacific Islander	

Ethnicity



Hispanic or Latino

Caregiver education

No high school diploma

Child age

28% < 1 year	
44% 1-2 years	
28% 3-5 years	

Child insurance status

96% Public	
3% Private	
<1% None	

Primary language

85% English	
9% Spanish	
6% Other	

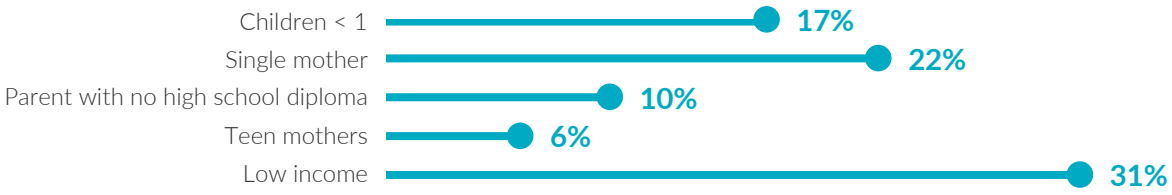
STATE PROFILE – WEST VIRGINIA

Potential Beneficiaries in 2015

In West Virginia, there were 95,500 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

95,500 families could benefit from home visiting

Many home visiting services are geared toward particular subpopulations. The NHVRC estimated the percentage of families who could benefit in West Virginia who met the following criteria:



Of the 95,500 families who could benefit—

57%
met one or more of the criteria above

24%
met two or more of the criteria above

Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • To protect confidentiality, race categories with fewer than five participants were combined with "Other." • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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STATE PROFILE – WISCONSIN

Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Wisconsin included Early Head Start, Family Spirit, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, and Parents as Teachers. Statewide, 63 local agencies operated at least one of these models.

51,582
home visits provided

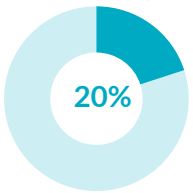
4,600
families served

4,733
children served

Race

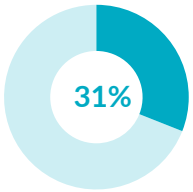
- **10%** American Indian/ Alaska Native
- **0%** Asian
- **19%** Black
- **0%** Native Hawaiian/ Pacific Islander
- **56%** White
- **10%** Multiple
- **5%** Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **32%** < 1 year
- **46%** 1-2 years
- **22%** 3-5 years

Child insurance status

- **89%** Public
- **7%** Private
- **4%** None

Primary language

- **83%** English
- **14%** Spanish
- **3%** Other

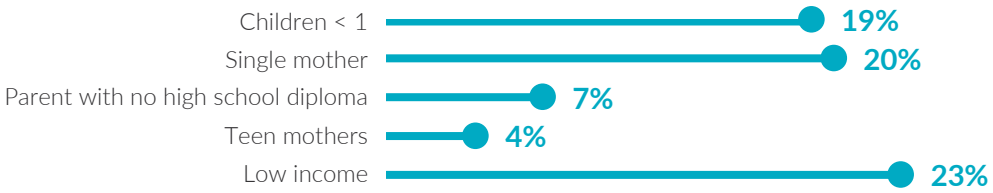
STATE PROFILE – WISCONSIN

Potential Beneficiaries in 2015

In Wisconsin, there were 317,000 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

317,000 families could benefit from home visiting

Many home visiting services are geared toward particular subpopulations. The NHVRC estimated the percentage of families who could benefit in Wisconsin who met the following criteria:



Of the 317,000 families who could benefit—

52% met one or more of the criteria above

20% met two or more of the criteria above

Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • HIPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. HIPPY reports primary language of children. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • To protect confidentiality, race categories with fewer than five participants were combined with "Other." • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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STATE PROFILE – WYOMING

Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Wyoming included Early Head Start, Nurse-Family Partnership, and Parents as Teachers. Statewide, 10 local agencies operated at least one of these models.

3,854
home visits provided

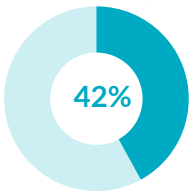
370
families served

387
children served

Race

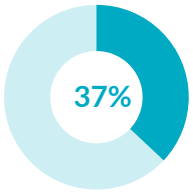
- **15%** American Indian/ Alaska Native
- **0%** Asian
- **0%** Black
- **0%** Native Hawaiian/ Pacific Islander
- **60%** White
- **6%** Multiple
- **19%** Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **40%** < 1 year
- **56%** 1-2 years
- **4%** 3-5 years

Child insurance status

- **90%** Public
- **4%** Private
- **6%** None

Primary language

- **63%** English
- **37%** Spanish
- **0%** Other

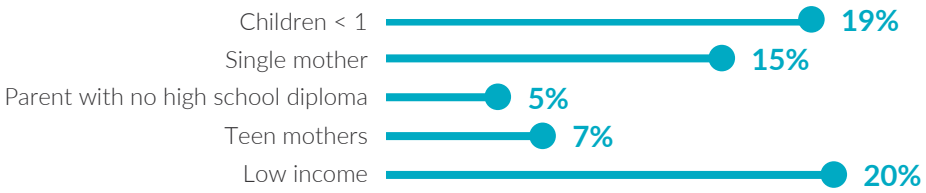
STATE PROFILE – WYOMING

Potential Beneficiaries in 2015

In Wyoming, there were 35,700 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

35,700 families could benefit from home visiting

Many home visiting services are geared toward particular subpopulations. The NHVRC estimated the percentage of families who could benefit in Wyoming who met the following criteria:



Of the 35,700 families who could benefit—

48% met one or more of the criteria above

17% met two or more of the criteria above

Notes

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TRIBAL PROFILE

Families Served Through the Tribal Maternal, Infant, and Early Childhood Home Visiting Program in 2015

17,850
home visits provided

1,697
families served

1,726
children served

The Tribal Home Visiting Program, part of the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV), provides home visiting services to American Indian and Alaska Native (AIAN) families and children. The 25 tribal organizations funded through MIECHV are located across the country on reservations, in rural and urban areas, and remote villages. This program provides culturally responsive services while strengthening tribal capacity to support the health and well-being of AIAN families.

Which models are used?

- Family Spirit
- Home Instruction for Parents of Preschool Youngsters
- Nurse-Family Partnership
- Parent-Child Assistance Program
- Parents as Teachers
- SafeCare

Which tribes are implementing the tribal MIECHV program?

- Cherokee Nation
- Choctaw Nation (Cohort 1)
- Choctaw Nation (Cohort 3)
- Confederated Salish & Kootenai Tribes
- Confederated Tribes of Siletz Indians
- Eastern Band of Cherokee Indians
- Fairbanks Native Association
- Inter-Tribal Council of Michigan, Inc.
- Kodiak Area Native Association
- Lake County Tribal Health Consortium, Inc.
- Native American Community Health Center
- Native American Health Center, Inc.
- Native American Professional Parent Resources, Inc.
- Northern Arapaho Tribe
- Port Gamble S'Klallam Tribe
- Pueblo of San Felipe
- Red Cliff Band of Lake Superior Chippewa
- Riverside-San Bernardino County Indian Health, Inc.
- South Central Foundation
- South Puget Intertribal Planning Agency
- Taos Pueblo
- United Indians of All Tribes Foundation
- White Earth Band of Chippewa Indians
- Yellowhawk Tribal Health Center
- Yerington Paiute Tribe

For more information about Tribal MIECHV-funded home visiting in these locations, please see the Administration for Children and Families fact sheets: www.acf.hhs.gov/ecd/home-visiting/tribal-home-visiting/grantees

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NHVRC Model Profiles

Each evidence-based early childhood home visiting model provides a unique service approach to meeting diverse family needs. Profiles are included for models that completed a survey about their approach. Participant demographics are included for models that provided it.

NHVRC Model Profiles Contents

What to Expect in the NHVRC Model Profiles

The profiles provide model-specific answers to the following questions:

What is the model's approach to providing home visiting services?

- Goals and target population
- Frequency of home visits
- Duration of home visiting services
- When services are initiated

Who is implementing the model?

- Number of full-time home visitors
- Education requirements for home visitors and supervisors
- Caseload requirements for home visitors

Where is the model implemented?

- Areas served
- Number of local programs operating

Who is being served by the model?

- Participant demographics based on model data collection

MODEL PROFILE

EARLY HEAD START – HOME VISITING

EHS-HV provides individualized services to pregnant women, infants, and toddlers to promote the school readiness of young children from low-income families. The model is administered by the Office of Head Start in the U.S. Department of Health and Human Services' Administration for Children and Families. EHS-HV supports the mental health and social and emotional development of children from birth to 3 years old.

What is the model's approach to providing home visiting services?

Home visits take place once per week. Services are provided until the child is 3 years old. There are no age requirements for when families should begin services.

EHS-HV's target population includes the following:

- Low-income families
- Teenage mothers or teenage parents
- Parents/caregivers with limited education
- Children with developmental delays or disabilities
- Children with special health care needs
- Families with history of substance abuse or in need of treatment
- Families with history of child abuse or neglect/involvement with child welfare system
- Children in foster care

Who is implementing the model?

Home Visitors

EHS-HV employed 4,495 full-time home visitors in 2015. The home visitor education recommendations and requirements are determined by local programs. Home visitors are required to maintain a caseload of 10 to 12 families.

Supervisors

EHS-HV supervisor education recommendations and requirements are determined by local programs.

Where is the model implemented?

EHS-HV operated in 780 local agencies across 50 states and the District of Columbia, Guam, the Northern Mariana Islands, Puerto Rico, and the Virgin Islands in 2015/2016. EHS-HV also operated outside the United States and its territories in the Federated States of Micronesia, Palau, and the Marshall Islands in 2015/2016.

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MODEL PROFILE — EARLY HEAD START - HOME VISITING

Families Served Through Evidence-Based Home Visiting in 2015

2,454,672
estimated home visits provided

51,139
children served

Of the 51,139 children receiving Early Head Start home visiting services in 2015, 22,327 children from 187 exclusively home-based centers are represented in the demographics below.

Race and ethnicity

- **4%** American Indian/ Alaska Native
- **2%** Asian
- **14%** Black
- **<1%** Native Hawaiian/ Pacific Islander
- **60%** White

Ethnicity

- **11%** Multiracial
- **8%** Other
- **33%** Hispanic or Latino
- **67%** Not Hispanic or Latino

Caregiver education

- **29%** No HS diploma
- **44%** HS diploma or GED
- **22%** Some college or training
- **5%** Bachelor's degree or higher

Child age

- **34%** < 1 year
- **61%** 1-2 years
- **5%** 3 years

Child insurance status

- **93%** Public
- **4%** Private
- **3%** None

Primary language

- **73%** English
- **23%** Spanish
- **4%** Other

MODEL PROFILE

HEALTHY FAMILIES AMERICA

HFA seeks to build and sustain community partnerships to systematically engage overburdened families in home visiting services prenatally or at birth. Additionally, the model aims to cultivate and strengthen nurturing parent-child relationships, promote healthy childhood growth and development, and enhance family functioning by reducing risk and building protective factors.

What is the model's approach to providing home visiting services?

Home visits take place based on a family's level of need. All families are offered weekly home visits for at least 6 months after the birth of the child. Family progress criteria are then used to determine a family's readiness to move to less frequent visits, starting with every other week, then monthly, and finally quarterly visits. Services are provided for a duration of 3 to 5 years. HFA recommends families to initiate services prenatally, if possible, but allows for families to enroll after the child is born. Programs are required to enroll at least 80 percent of families by the time the child is 3 months old.

Local programs define target populations based on community needs data. All families receive an initial risk assessment to tailor services to meet their specific needs.

Who is implementing the model?

Home Visitors

HFA employed 3,113 full-time home visitors in 2015. The model requires a high school diploma or bachelor's degree for home visitors depending on state or program needs. The maximum caseload requirement for home visitors is 25 families.

Supervisors

HFA requires a master's degree or bachelor's degree plus 3 years of experience for supervisors.

Where is the model implemented?

HFA operated in 575 local agencies across 37 states and the District of Columbia, American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the Virgin Islands in 2015/2016.

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MODEL PROFILE — HEALTHY FAMILIES AMERICA

Families Served Through Evidence-Based Home Visiting in 2015

442,390
home visits provided

59,684
families served

58,721
children served

Race and ethnicity

- **2%** American Indian/ Alaska Native
- **2%** Asian
- **28%** Black
- **<1%** Native Hawaiian/ Pacific Islander
- **50%** White

- **5%** Multiracial
- **12%** Other
- **31%** Hispanic or Latino
- **69%** Not Hispanic or Latino

Caregiver age

- **18%** ≤ 20 years
- **43%** 21-24 years
- **31%** 25-34 years
- **7%** 35-54 years
- **<1%** ≥ 55 years

Child age

- **42%** < 1 year
- **44%** 1-2 years
- **14%** 3-5 years

Child insurance status

- **90%** Public
- **8%** Private
- **2%** None

Primary language

- **75%** English
- **20%** Spanish
- **5%** Other

Note: The number of families and children served represents approximately 75 percent of HFA sites served in 2015.

MODEL PROFILE

HOME INSTRUCTION FOR PARENTS OF PRESCHOOL YOUNGSTERS

HIPPY partners with parents to prepare their children for success in school. The model uses storybooks and a scripted curriculum to teach children school readiness skills and to empower parents to enrich their own education and job skills. The model also seeks to strengthen communities by supporting civic engagement and employing home visitors from the community, many of whom have participated in the program.

What is the model's approach to providing home visiting services?

Home visits take place once per week. Services are provided until the child exits kindergarten. Children must be 3 years old by the start of the program year to enroll in the Year 1 curriculum.

HIPPY's target population includes the following:

- Expectant mothers
- Low-income families
- Parents/caregivers with limited education
- Families with history of child abuse or neglect/involvement with child welfare system

Who is implementing the model?

Home Visitors

HIPPY employed 759 full-time home visitors in 2015. The model requires a high school diploma for home visitors; a Child Development Associate credential is recommended. Home visitors are required to maintain a caseload of 10 to 22 families.

Supervisors

HIPPY requires a bachelor's degree for supervisors.

Where is the model implemented?

HIPPY operated in 125 local agencies across 21 states and the District of Columbia in 2015/2016. HIPPY also operated outside the United States and its territories in Argentina, Australia, Austria, Canada, Germany, Israel, Italy, New Zealand, and South Africa in 2015/2016.

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MODEL PROFILE - HOME INSTRUCTION FOR PARENTS OF PRESCHOOL YOUNGSTERS

Families Served Through Evidence-Based Home Visiting in 2015

168,113
home visits provided

13,689
families served

14,775
children served

Race

- **1%** American Indian/ Alaska Native
- **2%** Asian
- **28%** Black
- **<1%** Native Hawaiian/ Pacific Islander
- **64%** White
- **4%** Multiracial

Ethnicity

- **40%** Hispanic or Latino
- **60%** Not Hispanic or Latino

Child age

- **100%** 3-5 years

Household income

- **53%** < $20,000
- **32%** $20,000-40,000
- **8%** $40,000-60,000
- **7%** > $60,000

Caregiver education

- **18%** No HS diploma
- **39%** HS diploma or GED
- **30%** Some college or training
- **13%** Bachelor's degree or higher

Child insurance status

- **51%** Public
- **31%** Private
- **18%** None

Primary language

- **69%** English
- **29%** Spanish
- **2%** Other

MODEL PROFILE

NURSE-FAMILY PARTNERSHIP

NFP seeks to improve participants' lives in three key areas: pregnancy outcomes (by helping women improve prenatal health), child health and development (by helping parents provide sensitive and competent caregiving), and parents' life trajectories (by helping them develop a vision for their future, plan subsequent pregnancies, continue their education, and find work).

What is the model's approach to providing home visiting services?

Home visits take place based on a family's level of need and a child's age. Services are provided until the child's second birthday. NFP requires families to initiate services prenatally by the 28th week of pregnancy.

NFP's target population includes the following:

- Expectant mothers
- Low-income or low-resource families
- First-time mothers

Who is implementing the model?

Home Visitors

NFP employed 1,864 full-time home visitors in 2015. The model requires a bachelor's nursing degree for home visitors. The maximum caseload requirement for home visitors is 25 families.

Supervisors

NFP requires a bachelor's nursing degree for supervisors; a master's nursing degree is recommended.

Where is the model implemented?

NFP operated in 258 local agencies across 42 states and the Virgin Islands in 2015/2016.

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MODEL PROFILE — NURSE-FAMILY PARTNERSHIP

Families Served Through Evidence-Based Home Visiting in 2015

203,057
home visits provided

19,196
families served

13,700
children served

Race

- **4%** American Indian/ Alaska Native
- **3%** Asian
- **35%** Black
- **<1%** Native Hawaiian/ Pacific Islander
- **50%** White
- **7%** Multiracial

Caregiver age

- **57%** ≤ 21 years
- **34%** 22-29 years
- **8%** 30-44 years
- **<1%** ≥ 45 years

Caregiver education

- **40%** No HS diploma
- **53%** HS diploma or GED
- **6%** Some college or training
- **<1%** Bachelor's degree or higher

Ethnicity

- **31%** Hispanic or Latino
- **69%** Not Hispanic or Latino

Household income

- **38%** Low-income status

Child age

- **45%** < 1 year
- **37%** 1-2 years
- **18%** 3-5 years

Child insurance status

- **76%** Public
- **4%** Private
- **20%** None

Primary language

- **84%** English
- **12%** Spanish
- **4%** Other

Note: The number of home visits, families served, and children served include MIECHV and non-MIECHV participants. The demographic data presented here are based on MIECHV participants only.

MODEL PROFILE

PARENTS AS TEACHERS

PAT aims to increase parent knowledge of early childhood development, improve parenting practices, provide early detection of developmental delays and health issues, increase children's school readiness and school success, and prevent child abuse and neglect. The four components of the model (home visits, group connections, child screenings, and resource network) all focus on parent-child interaction, development-centered parenting, and family well-being.

What is the model's approach to providing home visiting services?

Home visits take place based on a family's level of need. Families with one or fewer high-needs characteristics receive at least 12 visits each year. Those with two or more characteristics receive at least 24 visits each year. Services are provided when the child is between 2 and 6 years old. Families may enroll at any age through kindergarten, but PAT recommends families to initiate services prenatally.

PAT serves all families with young children. Some local programs have specific eligibility requirements.

Who is implementing the model?

Home Visitors

PAT employed 3,922 full-time home visitors in 2015. The model requires a high school diploma plus 2 years of experience in the early childhood field for home visitors; a bachelor's or master's degree is recommended. The maximum caseload requirement for home visitors is 24 families.

Supervisors

PAT recommends a bachelor's or master's degree and 5 years of experience working with young children and families for supervisors.

Where is the model implemented?

PAT operated in 1,388 local agencies across 49 states and the District of Columbia in 2015/2016. PAT also operated outside the United States and its territories in the United Kingdom, Canada, Germany, Switzerland, and Australia in 2015/2016.

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MODEL PROFILE - PARENTS AS TEACHERS

Families Served Through Evidence-Based Home Visiting in 2015

1,250,275
home visits provided

124,458
families served

158,139
children served

Race

5% American Indian/ Alaska Native

3% Asian

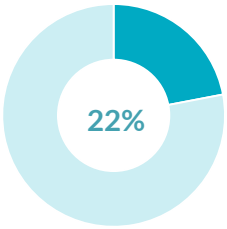
1% Native Hawaiian/ Pacific Islander

17% Black

61% White

11% Multiracial

Ethnicity



Hispanic or Latino

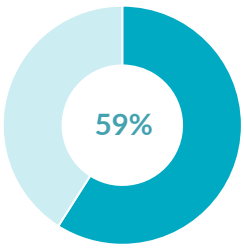
Child age

21% < 1 year

45% 1-2 years

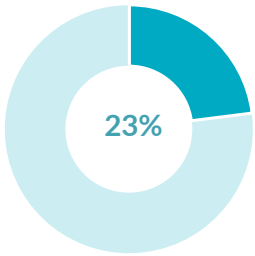
34% 3-5 years

Household income



Low-income status

Caregiver education



No high school diploma

MODEL PROFILE

CHILD FIRST

Child First helps to heal and protect children and families from the devastating effects of trauma and chronic stress by providing a psychotherapeutic intervention by promoting strong, nurturing caregiver-child relationships; enhancing adult capacity; and providing care coordination to connect families with comprehensive services and supports.

What is the model's approach to providing home visiting services?

Home visits take place twice per week during a month-long assessment period and a minimum of once per week thereafter, based on a family's level of need. Services are provided until the child is 6 to 12 months old, with the possibility of extending beyond 1 year based on the family's level of need.

Child First's target population includes the following:

- Children with emotional or behavioral problems
- Caregivers with depression, PTSD, and other mental health problems
- Low-income families
- First-time mothers or first-time parents
- Teenage mothers or teenage parents
- Unmarried mothers or single parents
- Parents/caregivers with limited education
- Children with developmental delays or disabilities

Who is implementing the model?

Home Visitors

Child First employed 104 full-time home visitors in 2015. The model requires care coordinators to have a bachelor's degree and mental health clinicians to have a master's degree in a mental health specialty with a license. Home visitors are required to maintain a caseload of 12 to 16 families.

Supervisors

Child First requires a master's degree in a mental health specialty with a license for supervisors.

Where is the model implemented?

Child First operated in 17 local agencies across two states in 2015/2016.

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MODEL PROFILE

FAMILY CHECK-UP

FCU promotes social and emotional adjustment in children by reducing coercive and negative parenting, increasing positive parenting, and reducing maternal depression. Targeted outcomes in early childhood include reductions in behavioral problems at home and school, reductions in emotional distress, and increases in self-regulation and school readiness.

What is the model's approach to providing home visiting services?

The model is adaptive and tailored to each family. The frequency of home visits varies by a family's level of need. Families typically receive a total of six to nine home visits. FCU requires families to initiate services when the child is between 2 and 8 years old.

FCU serves all families with young children and does not recommend or require any specific family characteristics for enrollment.

Who is implementing the model?

Home Visitors

The model recommends a master's degree for home visitors. There are no requirements for home visitor caseload limits.

Supervisors

FCU requires a master's degree for supervisors.

Where is the model implemented?

FCU operated in six local agencies across five states in 2015/2016.

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MODEL PROFILE

FAMILY CONNECTS

Family Connects supports new parents by offering newborn and postpartum health assessments, systematically assessing family needs, providing supportive guidance, and linking families to community resources, as needed and desired. Additionally, the model works to systematically identify and align services supporting families and young children, with the dual goals of increasing communication and continuity across service providers and identifying areas where family needs exceed community resources. Family Connects aims to reach at least 60 to 70 percent of families with newborns in each community it serves.

What is the model's approach to providing home visiting services?

Home visits take place 2 to 3 weeks after birth, offering one to three home visits in total. Family Connects recommends families to initiate services before the child is 12 weeks old. Families may enroll until the child is 6 months old.

Family Connects serves all families with newborns.

Who is implementing the model?

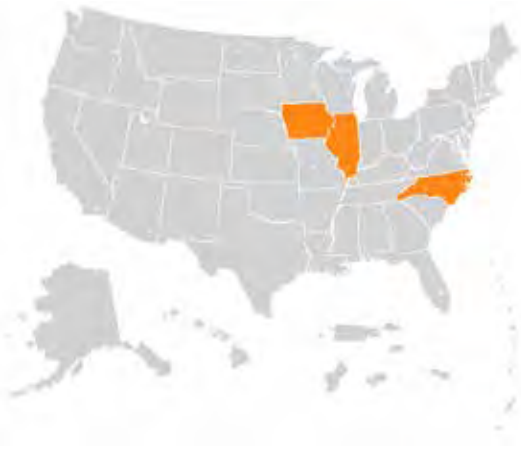
Home Visitors

The model requires a bachelor's degree for home visitors. Home visitors are required to maintain a caseload of six to eight new families per week.

Supervisors

Family Connects requires a bachelor's degree for supervisors; a master's degree is recommended.

Where is the model implemented?



Family Connects operated in four local agencies across three states in 2015/2016.

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MODEL PROFILE

FAMILY SPIRIT

Family Spirit is an evidence-based, culturally tailored home visiting program of the Johns Hopkins Center for American Indian Health. The model promotes optimal health and well-being for parents and their children. It combines the use of paraprofessionals from the community as home visitors and a culturally focused, strengths-based curriculum as a core strategy to support young families. Parents gain knowledge and skills to promote healthy development and positive lifestyles for themselves and their children.

What is the model's approach to providing home visiting services?

Home visits take place once per week until the child is 3 months old, every other week until the child is 6 months old, monthly until the child is 22 months old, and then every other month until the child is 3 years old. Services are provided for 39 months (prenatally until the child is 3 years old). Family Spirit recommends families to initiate services prenatally, preferably at the 28th week of pregnancy.

Family Spirit's target population includes the following:

- Expectant mothers
- First-time mothers or first-time parents
- Teenage mothers or teenage parents

Who is implementing the model?

Home Visitors

Family Spirit employed 250 full-time home visitors in 2015. The model recommends a high school diploma for home visitors. The maximum caseload requirement for home visitors is 25 families.

Supervisors

Family Spirit requires a bachelor's degree or equivalent work experience for supervisors.

Where is the model implemented?

Family Spirit operated in 31 local agencies across 14 states in 2015/2016.

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MODEL PROFILE

MINDING THE BABY

Minding the Baby supports reflective parenting, secure attachment, maternal and child health and mental health, and self-efficacy using an interdisciplinary approach with first-time young mothers and their families. The model pairs a social worker with a nurse practitioner to support a family's development together.

What is the model's approach to providing home visiting services?

Home visits take place weekly until the child turns 1 year old, then every other week until the child turns 2 years old. The frequency may vary based on a family's level of need or in times of crisis. Services are provided for 27 months (prenatally until the child is 2 years old). Minding the Baby requires families to initiate services prenatally.

Minding the Baby's target population includes the following:

- Expectant mothers
- Low-income families
- First-time mothers or first-time parents
- Teenage mothers or teenage parents
- Families with history of child abuse or neglect/involvement with child welfare system

Who is implementing the model?

Home Visitors

Minding the Baby employed four full-time home visitors in 2015. The model recommends a master's degree for home visitors. The maximum caseload requirement for home visitors is 25 families.

Supervisors

Minding the Baby requires a master's degree for supervisors; a doctoral degree is recommended.

Where is the model implemented?

Minding the Baby operated in two local agencies across two states in 2015/2016. Minding the Baby also operated outside the United States and its territories in the United Kingdom in 2015/2016.

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MODEL PROFILE

PLAY AND LEARNING STRATEGIES

PALS works to strengthen the bond between parents and children using a responsive caregiving model. The model also provides stimulation that supports the development of children's language and cognitive skills.

What is the model's approach to providing home visiting services?

Home visits take place once per week. Services are provided until the curriculum is completed, which typically takes 12 weeks for infants and 14 weeks for toddlers and preschool-age children. PALS requires families to initiate services following the birth of the child. Families may enroll when the child is between 5 and 59 months old, although the model recommends that families enroll before the child is 4 years old.

PALS's target population includes the following:

- Teenage mothers or teenage parents
- Unmarried mothers or single parents
- Parents/caregivers with limited education
- Children with developmental delays or disabilities
- Families with history of child abuse or neglect/involvement with child welfare system

Who is implementing the model?

Home Visitors

The model requires a high school diploma for home visitors; a bachelor's degree is recommended. The maximum caseload requirement for home visitors is 12 families.

Supervisors

PALS requires a bachelor's degree for supervisors; a master's degree is recommended.

Where is the model implemented?

PALS operated in six local agencies across five states and the District of Columbia in 2015/2016.

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MODEL PROFILE

SAFECARE

SafeCare is designed to improve parenting skills in three key areas: positive parenting, child health, and home safety. The model also aims to reduce child neglect and physical abuse.

What is the model's approach to providing home visiting services?

Home visits take place a minimum of every other week and a maximum of twice per week. Services are provided until the curriculum is completed, which typically takes 18 to 20 home visits. SafeCare recommends families to initiate services following the child's birth until the child is 6 years old.

SafeCare serves all families with young children. The model does not recommend or require any specific family characteristics for enrollment.

Who is implementing the model?

Home Visitors

The model requires a high school diploma and experience in child development for home visitors; a bachelor's degree is recommended. Home visitor caseload limits are determined by local programs.

Supervisors

SafeCare requires the completion of the SafeCare provider training for supervisors; a bachelor's degree is recommended.

Where is the model implemented?

SafeCare operated in 153 local agencies across 20 states in 2015/2016.

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MIECHV State Data Tables

MIECHV participants represent a portion of the total number of families served by early childhood home visiting. The MIECHV State Data Tables describe the families served with MIECHV funding. The tables include the same data elements as the NHVRC State Profiles but for MIECHV participants only.

MIECHV funding supports promising approaches and evidence-based models. Promising approaches (indicated in the tables) are models that are not yet deemed evidence based but are being tested with MIECHV funding. Some states were not able to share MIECHV data.

MIECHV State Data Tables Contents

* In some cases, data were not available to create a profile. For more information about MIECHV-funded home visiting in these locations, please see the Health Resources and Services Administration fact sheets: https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/home-visiting-program-state-fact-sheets

What to Expect in the MIECHV State Data Tables

The MIECHV State Data Tables provide state-specific answers to the following questions:

How many children and families benefited from home visiting?

- Number of families served
- Number of children served
- Number of home visits completed
- Home visiting models operating in the state through MIECHV funds
- Number of full-time home visitor and supervisor positions funded through MIECHV

What types of families benefited from home visiting?

- Enrollee ethnicity
- Enrollee race
- Enrollee educational attainment
- Enrollee age
- Child age
- Child health insurance status
- Primary language
- Household income 100 percent and below the federal poverty guidelines

If you do not see a table for a state or territory, see the Health Resources and Services Administration fact sheets: https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/home-visiting-program-state-fact-sheets. For information about tribal MIECHV awardees, also see the Administration for Children and Families tribal awardee profiles: https://www.acf.hhs.gov/ecd/home-visiting/tribal-home-visiting/grantees

MIECHV STATE DATA TABLE – ALABAMA

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in Alabama included Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, and Parents as Teachers.

43,644 home visits provided

1,853 families served

2,436 children served

Caregiver age

≤ 21 years	15%
22-29 years	44%
30-44 years	36%
≥ 45 years	5%

Child age

< 1 year	11%
1-2 years	39%
3-5 years	50%

Primary language

English	87%
Spanish	9%
Other	4%

Child insurance status

Public	89%
Private	9%
None	2%

Caregiver ethnicity

Hispanic or Latino	13%

Household income

Low income	77%

Caregiver race

American Indian/Alaska Native	0%
Asian	<1%
Black	51%
Native Hawaiian/Pacific Islander	0%
White	44%
Multiple	3%
Other	<1%

Caregiver education

No high school diploma	28%
High school diploma	39%
Some college/training	25%
Bachelor's degree or higher	8%

Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines.

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MIECHV STATE DATA TABLE – ARIZONA

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in Arizona included Family Spirit, Healthy Families America, and Nurse-Family Partnership. Statewide, MIECHV funded 88 home visitors.

30,167 home visits provided

2,261 families served

2,045 children served

Caregiver age

≤ 21 years	32%
22-29 years	41%
30-44 years	26%
≥ 45 years	<1%

Child age

< 1 year	44%
1-2 years	53%
3-5 years	3%

Primary language

English	64%
Spanish	17%
Other	19%

Child insurance status

Public	82%
Private	11%
None	7%

Caregiver ethnicity

Hispanic or Latino	59%

Household income

Low income	71%

Caregiver race

American Indian/Alaska Native	10%
Asian	2%
Black	9%
Native Hawaiian/Pacific Islander	<1%
White	74%
Multiple	4%
Other	0%

Caregiver education

No high school diploma	38%
High school diploma	32%
Some college/training	25%
Bachelor's degree or higher	5%

Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines. • Counts of full-time equivalent home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor positions may also be available in the state.

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MIECHV STATE DATA TABLE – ARKANSAS

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in Arkansas included Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parents as Teachers, and Following Baby Back Home.

18,561
home visits provided

1,943
families served

1,821
children served

Caregiver age

≤ 21 years	31%
22-29 years	41%
30-44 years	26%
≥ 45 years	2%

Child age

< 1 year	37%
1-2 years	25%
3-5 years	38%

Primary language

English	80%
Spanish	17%
Other	3%

Child insurance status

Public	72%
Private	20%
None	8%

Caregiver ethnicity

Hispanic or Latino	15%

Household income

Low income	87%

Caregiver race

American Indian/Alaska Native	<1%
Asian	1%
Black	28%
Native Hawaiian/Pacific Islander	<1%
White	68%
Multiple	1%
Other	0%

Caregiver education

No high school diploma	29%
High school diploma	37%
Some college/training	25%
Bachelor's degree or higher	9%

Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines. • HRSA considers Following Baby Back Home a promising approach home visiting model. Its service numbers are included in the totals.

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MIECHV STATE DATA TABLE – CALIFORNIA

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in California included Healthy Families America and Nurse-Family Partnership. Statewide, MIECHV funded 110 home visitors and 23 supervisors.

29,596 home visits provided

3,172 families served

2,377 children served

Caregiver age

≤ 21 years	50%
22-29 years	36%
30-44 years	13%
≥ 45 years	<1%

Child age

< 1 year	41%
1-2 years	58%
3-5 years	<1%

Primary language

English	73%
Spanish	23%
Other	4%

Child insurance status

Public	94%
Private	4%
None	2%

Caregiver ethnicity

Hispanic or Latino	61%

Household income

Low income	83%

Caregiver race

American Indian/Alaska Native	5%
Asian	5%
Black	14%
Native Hawaiian/Pacific Islander	<1%
White	67%
Multiple	8%
Other	0%

Caregiver education

No high school diploma	31%
High school diploma	24%
Some college/training	39%
Bachelor's degree or higher	6%

Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines. • Counts of full-time equivalent home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor positions may also be available in the state.

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MIECHV STATE DATA TABLE – COLORADO

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in Colorado included Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parents as Teachers, and HealthySteps.

30,546 home visits provided

2,529 families served

2,518 children served

Caregiver age

≤ 21 years	21%
22-29 years	43%
30-44 years	34%
≥ 45 years	2%

Child age

< 1 year	38%
1-2 years	35%
3-5 years	27%

Primary language

English	68%
Spanish	29%
Other	3%

Child insurance status

Public	85%
Private	10%
None	5%

Caregiver ethnicity

Hispanic or Latino	63%

Household income

Low income	50%

Caregiver race

American Indian/Alaska Native	4%
Asian	3%
Black	7%
Native Hawaiian/Pacific Islander	<1%
White	79%
Multiple	6%
Other	0%

Caregiver education

No high school diploma	32%
High school diploma	28%
Some college/training	32%
Bachelor's degree or higher	8%

Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines. • During a recent update, HomVEE noted that home visiting is not HealthySteps' primary service delivery strategy. Therefore, states could implement HealthySteps with MIECHV funds in fiscal years 2014 and 2015 but could no longer do so beginning in fiscal year 2016.

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MIECHV STATE DATA TABLE – CONNECTICUT

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in Connecticut included Child First, Early Head Start, Nurse-Family Partnership, and Parents as Teachers.

25,375 home visits provided

1,370 families served

1,179 children served

Caregiver age

≤ 21 years	24%
22-29 years	42%
30-44 years	32%
≥ 45 years	2%

Child age

< 1 year	65%
1-2 years	15%
3-5 years	20%

Primary language

English	75%
Spanish	20%
Other	5%

Child insurance status

Public	92%
Private	7%
None	<1%

Caregiver ethnicity

Hispanic or Latino	46%

Household income

Low income	75%

Caregiver race

American Indian/Alaska Native	2%
Asian	0%
Black	26%
Native Hawaiian/Pacific Islander	0%
White	65%
Multiple	5%
Other	2%

Caregiver education

No high school diploma	32%
High school diploma	35%
Some college/training	26%
Bachelor's degree or higher	7%

Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines.

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MIECHV STATE DATA TABLE – DISTRICT OF COLUMBIA

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in the District of Columbia included Healthy Families America, Home Instruction for Parents of Preschool Youngsters, and Parents as Teachers. Districtwide, MIECHV funded 16 home visitors and three supervisors.

3,367 home visits provided

273 families served

241 children served

Caregiver age

≤ 21 years	23%
22-29 years	37%
30-44 years	38%
≥ 45 years	2%

Child age

< 1 year	43%
1-2 years	25%
3-5 years	32%

Primary language

English	59%
Spanish	39%
Other	2%

Child insurance status

Public	79%
Private	14%
None	7%

Caregiver ethnicity

Hispanic or Latino	45%

Household income

Low income	90%

Caregiver race

American Indian/Alaska Native	0%
Asian	0%
Black	66%
Native Hawaiian/Pacific Islander	0%
White	16%
Multiple	16%
Other	2%

Caregiver education

No high school diploma	45%
High school diploma	47%
Some college/training	3%
Bachelor's degree or higher	5%

Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines. • Counts of full-time equivalent home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor positions may also be available in the district.

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MIECHV STATE DATA TABLE – FLORIDA

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in Florida included Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, MIECHV funded 64 home visitors and 14 supervisors.

15,549 home visits provided

1,518 families served

1,224 children served

Caregiver age

≤ 21 years	29%
22-29 years	46%
30-44 years	24%
≥ 45 years	<1%

Child age

< 1 year	NA
1-2 years	NA
3-5 years	NA

Primary language

English	80%
Spanish	15%
Other	5%

Child insurance status

Public	93%
Private	5%
None	2%

Caregiver ethnicity

Hispanic or Latino	26%

Household income

Low income	74%

Caregiver race

American Indian/Alaska Native	0%
Asian	1%
Black	49%
Native Hawaiian/Pacific Islander	0%
White	46%
Multiple	3%
Other	<1%

Caregiver education

No high school diploma	35%
High school diploma	27%
Some college/training	32%
Bachelor's degree or higher	6%

Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines. • Counts of full-time equivalent home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor positions may also be available in the state.

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MIECHV STATE DATA TABLE – GEORGIA

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in Georgia included Early Head Start, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers.

9,611	816	733
home visits provided	families served	children served

Caregiver age

≤ 21 years	36%
22-29 years	43%
30-44 years	20%
≥ 45 years	<1%

Child age

< 1 year	57%
1-2 years	41%
3-5 years	2%

Primary language

English	79%
Spanish	13%
Other	8%

Child insurance status

Public	93%
Private	2%
None	5%

Caregiver ethnicity

Hispanic or Latino	17%

Household income

Low income	86%

Caregiver race

American Indian/Alaska Native	0%
Asian	7%
Black	61%
Native Hawaiian/Pacific Islander	0%
White	29%
Multiple	0%
Other	3%

Caregiver education

No high school diploma	35%
High school diploma	28%
Some college/training	32%
Bachelor's degree or higher	5%

Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines.

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MIECHV STATE DATA TABLE – HAWAII

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in Hawaii included Early Head Start, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, and Parents as Teachers.

819	49	38
home visits provided	families served	children served

Caregiver age

≤ 21 years	39%
22-29 years	37%
30-44 years	22%
≥ 45 years	2%

Child age

< 1 year	18%
1-2 years	79%
3-5 years	3%

Primary language

English	97%
Spanish	0%
Other	3%

Child insurance status

Public	95%
Private	5%
None	0%

Caregiver ethnicity

Hispanic or Latino	4%

Household income

Low income	79%

Caregiver race

American Indian/Alaska Native	0%
Asian	15%
Black	0%
Native Hawaiian/Pacific Islander	31%
White	12%
Multiple	42%
Other	0%

Caregiver education

No high school diploma	10%
High school diploma	57%
Some college/training	33%
Bachelor's degree or higher	0%

Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines.

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MIECHV STATE DATA TABLE – IDAHO

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in Idaho included Early Head Start, Nurse-Family Partnership, and Parents as Teachers. Statewide, MIECHV funded 21 home visitors and six supervisors.

2,433 home visits provided

310 families served

352 children served

Caregiver age

≤ 21 years	28%
22-29 years	45%
30-44 years	24%
≥ 45 years	4%

Child age

< 1 year	35%
1-2 years	49%
3-5 years	16%

Primary language

English	89%
Spanish	5%
Other	6%

Child insurance status

Public	90%
Private	8%
None	2%

Caregiver ethnicity

Hispanic or Latino	18%

Household income

Low income	63%

Caregiver race

American Indian/Alaska Native	0%
Asian	4%
Black	2%
Native Hawaiian/Pacific Islander	0%
White	86%
Multiple	6%
Other	2%

Caregiver education

No high school diploma	29%
High school diploma	29%
Some college/training	36%
Bachelor's degree or higher	6%

Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines. • Counts of full-time equivalent home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor positions may also be available in the state.

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MIECHV STATE DATA TABLE – ILLINOIS

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in Illinois included Early Head Start, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, MIECHV funded 51 home visitors and 14 supervisors.

13,195 home visits provided

975 families served

912 children served

Caregiver age

≤ 21 years	39%
22-29 years	33%
30-44 years	27%
≥ 45 years	<1%

Child age

< 1 year	39%
1-2 years	46%
3-5 years	15%

Primary language

English	75%
Spanish	23%
Other	2%

Child insurance status

Public	95%
Private	4%
None	<1%

Caregiver ethnicity

Hispanic or Latino	36%

Household income

Low income	84%

Caregiver race

American Indian/Alaska Native	5%
Asian	0%
Black	37%
Native Hawaiian/Pacific Islander	0%
White	37%
Multiple	20%
Other	1%

Caregiver education

No high school diploma	35%
High school diploma	38%
Some college/training	24%
Bachelor's degree or higher	3%

Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines. • Counts of full-time equivalent home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor positions may also be available in the state.

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MIECHV STATE DATA TABLE – INDIANA

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in Indiana included Healthy Families America and Nurse-Family Partnership.

37,827 home visits provided

2,710 families served

2,497 children served

Caregiver age

≤ 21 years	31%
22-29 years	45%
30-44 years	23%
≥ 45 years	<1%

Child age

< 1 year	36%
1-2 years	55%
3-5 years	9%

Primary language

English	89%
Spanish	9%
Other	2%

Child insurance status

Public	85%
Private	4%
None	11%

Caregiver ethnicity

Hispanic or Latino	19%

Household income

Low income	88%

Caregiver race

American Indian/Alaska Native	1%
Asian	2%
Black	42%
Native Hawaiian/Pacific Islander	0%
White	50%
Multiple	5%
Other	0%

Caregiver education

No high school diploma	32%
High school diploma	31%
Some college/training	33%
Bachelor's degree or higher	4%

Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines.

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MIECHV STATE DATA TABLE – IOWA

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in Iowa included Early Head Start, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers.

3,001	214	189
home visits provided	families served	children served

Caregiver age

≤ 21 years	31%
22-29 years	49%
30-44 years	19%
≥ 45 years	<1%

Child age

< 1 year	34%
1-2 years	54%
3-5 years	12%

Primary language

English	92%
Spanish	2%
Other	6%

Child insurance status

Public	92%
Private	8%
None	0%

Caregiver ethnicity

Hispanic or Latino	5%

Household income

Low income	62%

Caregiver race

American Indian/Alaska Native	0%
Asian	5%
Black	21%
Native Hawaiian/Pacific Islander	0%
White	72%
Multiple	0%
Other	2%

Caregiver education

No high school diploma	21%
High school diploma	41%
Some college/training	36%
Bachelor's degree or higher	2%

Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines.

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MIECHV STATE DATA TABLE – KANSAS

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in Kansas included Early Head Start, Healthy Families America, and Parents as Teachers. Statewide, MIECHV funded 36 home visitors and six supervisors.

8,203 home visits provided

577 families served

544 children served

Caregiver age

≤ 21 years	22%
22-29 years	47%
30-44 years	30%
≥ 45 years	<1%

Child age

< 1 year	26%
1-2 years	56%
3-5 years	18%

Primary language

English	81%
Spanish	14%
Other	5%

Child insurance status

Public	85%
Private	12%
None	3%

Caregiver ethnicity

Hispanic or Latino	25%

Household income

Low income	75%

Caregiver race

American Indian/Alaska Native	8%
Asian	5%
Black	15%
Native Hawaiian/Pacific Islander	0%
White	68%
Multiple	0%
Other	4%

Caregiver education

No high school diploma	31%
High school diploma	31%
Some college/training	34%
Bachelor's degree or higher	4%

Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines. • Counts of full-time equivalent home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor positions may also be available in the state.

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MIECHV STATE DATA TABLE – LOUISIANA

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in Louisiana included Nurse-Family Partnership and Parents as Teachers.

20,950	1,965	1,466
home visits provided	families served	children served

Caregiver age

≤ 21 years	56%
22-29 years	36%
30-44 years	8%
≥ 45 years	0%

Child age

< 1 year	46%
1-2 years	37%
3-5 years	17%

Primary language

English	98%
Spanish	1%
Other	<1%

Child insurance status

Public	88%
Private	2%
None	10%

Caregiver ethnicity

Hispanic or Latino	4%

Household income

Low income	88%

Caregiver race

American Indian/Alaska Native	0%
Asian	<1%
Black	68%
Native Hawaiian/Pacific Islander	0%
White	28%
Multiple	2%
Other	<1%

Caregiver education

No high school diploma	38%
High school diploma	55%
Some college/training	7%
Bachelor's degree or higher	<1%

Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines.

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MIECHV STATE DATA TABLE – MAINE

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

The evidence-based model implemented with MIECHV funds in Maine was Parents as Teachers.

23,420	2,455	2,453
home visits provided	families served	children served

Caregiver age

≤ 21 years	18%
22-29 years	49%
30-44 years	32%
≥ 45 years	<1%

Child age

< 1 year	40%
1-2 years	49%
3-5 years	11%

Primary language

English	97%
Spanish	<1%
Other	2%

Child insurance status

Public	78%
Private	18%
None	4%

Caregiver ethnicity

Hispanic or Latino	2%

Household income

Low income	75%

Caregiver race

American Indian/Alaska Native	5%
Asian	1%
Black	4%
Native Hawaiian/Pacific Islander	<1%
White	87%
Multiple	2%
Other	0%

Caregiver education

No high school diploma	16%
High school diploma	37%
Some college/training	31%
Bachelor's degree or higher	16%

Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines.

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MIECHV STATE DATA TABLE – MARYLAND

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in Maryland included Healthy Families America and Nurse-Family Partnership. Statewide, MIECHV funded 71 home visitors and 12 supervisors.

16,346 home visits provided

1,175 families served

872 children served

Caregiver age

≤ 21 years	31%
22-29 years	46%
30-44 years	22%
≥ 45 years	<1%

Child age

< 1 year	81%
1-2 years	19%
3-5 years	0%

Primary language

English	91%
Spanish	7%
Other	2%

Child insurance status

Public	89%
Private	8%
None	3%

Caregiver ethnicity

Hispanic or Latino	10%

Household income

Low income	74%

Caregiver race

American Indian/Alaska Native	0%
Asian	0%
Black	80%
Native Hawaiian/Pacific Islander	0%
White	17%
Multiple	2%
Other	1%

Caregiver education

No high school diploma	37%
High school diploma	45%
Some college/training	15%
Bachelor's degree or higher	3%

Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines. • Counts of full-time equivalent home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor positions may also be available in the state.

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MIECHV STATE DATA TABLE – MASSACHUSETTS

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in Massachusetts included Early Head Start, Healthy Families America, Parents as Teachers, and HealthySteps.

32,459	3,724	3,319
home visits provided	families served	children served

Caregiver age

≤ 21 years	55%
22-29 years	22%
30-44 years	22%
≥ 45 years	<1%

Child age

< 1 year	57%
1-2 years	36%
3-5 years	7%

Primary language

English	51%
Spanish	25%
Other	24%

Child insurance status

Public	NA
Private	NA
None	NA

Caregiver ethnicity

Hispanic or Latino	41%

Household income

Low income	90%

Caregiver race

American Indian/Alaska Native	<1%
Asian	7%
Black	19%
Native Hawaiian/Pacific Islander	<1%
White	28%
Multiple	44%
Other	0%

Caregiver education

No high school diploma	37%
High school diploma	28%
Some college/training	20%
Bachelor's degree or higher	15%

Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines. • During a recent update, HomVEE noted that home visiting is not HealthySteps' primary service delivery strategy. Therefore, states could implement HealthySteps with MIECHV funds in fiscal years 2014 and 2015 but could no longer do so beginning in fiscal year 2016.

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MIECHV STATE DATA TABLE – MICHIGAN

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in Michigan included Early Head Start, Healthy Families America, and Nurse-Family Partnership.

16,417 home visits provided

1,633 families served

1,158 children served

Caregiver age

≤ 21 years	52%
22-29 years	38%
30-44 years	9%
≥ 45 years	<1%

Child age

< 1 year	60%
1-2 years	32%
3-5 years	8%

Primary language

English	90%
Spanish	8%
Other	2%

Child insurance status

Public	90%
Private	6%
None	4%

Caregiver ethnicity

Hispanic or Latino	15%

Household income

Low income	79%

Caregiver race

American Indian/Alaska Native	0%
Asian	2%
Black	57%
Native Hawaiian/Pacific Islander	0%
White	34%
Multiple	6%
Other	<1%

Caregiver education

No high school diploma	34%
High school diploma	40%
Some college/training	22%
Bachelor's degree or higher	4%

Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines.

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MIECHV STATE DATA TABLE – MINNESOTA

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in Minnesota included Healthy Families America and Nurse-Family Partnership.

14,309 home visits provided

1,880 families served

1,760 children served

Caregiver age

≤ 21 years	56%
22-29 years	32%
30-44 years	11%
≥ 45 years	<1%

Child age

< 1 year	34%
1-2 years	63%
3-5 years	3%

Primary language

English	83%
Spanish	6%
Other	11%

Child insurance status

Public	72%
Private	7%
None	21%

Caregiver ethnicity

Hispanic or Latino	17%

Household income

Low income	79%

Caregiver race

American Indian/Alaska Native	0%
Asian	10%
Black	24%
Native Hawaiian/Pacific Islander	0%
White	57%
Multiple	5%
Other	4%

Caregiver education

No high school diploma	50%
High school diploma	18%
Some college/training	28%
Bachelor's degree or higher	4%

Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines.

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MIECHV STATE DATA TABLE – MISSISSIPPI

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

The evidence-based model implemented with MIECHV funds in Mississippi was Healthy Families America.

5,717	392	387
home visits provided	families served	children served

Caregiver age

≤ 21 years	16%
22-29 years	53%
30-44 years	24%
≥ 45 years	7%

Child age

< 1 year	13%
1-2 years	75%
3-5 years	12%

Primary language

English	99%
Spanish	<1%
Other	<1%

Child insurance status

Public	95%
Private	4%
None	<1%

Caregiver ethnicity

Hispanic or Latino	<1%

Household income

Low income	85%

Caregiver race

American Indian/Alaska Native	3%
Asian	0%
Black	95%
Native Hawaiian/Pacific Islander	0%
White	1%
Multiple	0%
Other	<1%

Caregiver education

No high school diploma	18%
High school diploma	41%
Some college/training	31%
Bachelor's degree or higher	10%

Notes

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MIECHV STATE DATA TABLE – NEBRASKA

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

The evidence-based model implemented with MIECHV funds in Nebraska was Healthy Families America. Statewide, MIECHV funded 21 home visitors and six supervisors.

5,605	371	317
home visits provided	families served	children served

Caregiver age

≤ 21 years	29%
22-29 years	48%
30-44 years	23%
≥ 45 years	0%

Child age

< 1 year	64%
1-2 years	35%
3-5 years	<1%

Primary language

English	76%
Spanish	20%
Other	4%

Child insurance status

Public	96%
Private	3%
None	1%

Caregiver ethnicity

Hispanic or Latino	36%

Household income

Low income	79%

Caregiver race

American Indian/Alaska Native	10%
Asian	0%
Black	17%
Native Hawaiian/Pacific Islander	0%
White	52%
Multiple	20%
Other	1%

Caregiver education

No high school diploma	37%
High school diploma	33%
Some college/training	28%
Bachelor's degree or higher	2%

Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines. • Counts of full-time equivalent home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor positions may also be available in the state.

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MIECHV STATE DATA TABLE – NEVADA

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in Nevada included Early Head Start, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, and Parents as Teachers. Statewide, MIECHV funded 23 home visitors and 11 supervisors.

3,505 home visits provided

265 families served

278 children served

Caregiver age

≤ 21 years	30%
22-29 years	33%
30-44 years	35%
≥ 45 years	2%

Child age

< 1 year	22%
1-2 years	46%
3-5 years	32%

Primary language

English	68%
Spanish	30%
Other	2%

Child insurance status

Public	80%
Private	12%
None	8%

Caregiver ethnicity

Hispanic or Latino	47%

Household income

Low income	80%

Caregiver race

American Indian/Alaska Native	3%
Asian	0%
Black	19%
Native Hawaiian/Pacific Islander	0%
White	69%
Multiple	5%
Other	4%

Caregiver education

No high school diploma	41%
High school diploma	32%
Some college/training	20%
Bachelor's degree or higher	7%

Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines. • Counts of full-time equivalent home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor positions may also be available in the state.

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MIECHV STATE DATA TABLE – NEW HAMPSHIRE

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

The evidence-based model implemented with MIECHV funds in New Hampshire was Healthy Families America. Statewide, MIECHV funded 16 home visitors and six supervisors.

4,579	233	184
home visits provided	families served	children served

Caregiver age

≤ 21 years	21%
22-29 years	53%
30-44 years	26%
≥ 45 years	0%

Child age

< 1 year	54%
1-2 years	44%
3-5 years	2%

Primary language

English	87%
Spanish	1%
Other	12%

Child insurance status

Public	97%
Private	2%
None	<1%

Caregiver ethnicity

Hispanic or Latino	5%

Household income

Low income	81%

Caregiver race

American Indian/Alaska Native	0%
Asian	7%
Black	6%
Native Hawaiian/Pacific Islander	0%
White	83%
Multiple	0%
Other	4%

Caregiver education

No high school diploma	27%
High school diploma	53%
Some college/training	17%
Bachelor's degree or higher	3%

Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines. • Counts of full-time equivalent home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor positions may also be available in the state.

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MIECHV STATE DATA TABLE – NEW JERSEY

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in New Jersey included Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, and Parents as Teachers.

76,628
home visits provided

6,857
families served

5,856
children served

Caregiver age

≤ 21 years	35%
22-29 years	41%
30-44 years	23%
≥ 45 years	<1%

Child age

< 1 year	34%
1-2 years	56%
3-5 years	10%

Primary language

English	65%
Spanish	32%
Other	3%

Child insurance status

Public	90%
Private	3%
None	7%

Caregiver ethnicity

Hispanic or Latino	48%

Household income

Low income	79%

Caregiver race

American Indian/Alaska Native	6%
Asian	<1%
Black	40%
Native Hawaiian/Pacific Islander	<1%
White	39%
Multiple	13%
Other	0%

Caregiver education

No high school diploma	31%
High school diploma	33%
Some college/training	30%
Bachelor's degree or higher	6%

Notes

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MIECHV STATE DATA TABLE – NEW MEXICO

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in New Mexico included Nurse-Family Partnership and Parents as Teachers.

4,430	331	281
home visits provided	families served	children served

Caregiver age

≤ 21 years	48%
22-29 years	34%
30-44 years	17%
≥ 45 years	<1%

Child age

< 1 year	53%
1-2 years	38%
3-5 years	9%

Primary language

English	82%
Spanish	17%
Other	1%

Child insurance status

Public	80%
Private	6%
None	14%

Caregiver ethnicity

Hispanic or Latino	39%

Household income

Low income	72%

Caregiver race

American Indian/Alaska Native	48%
Asian	2%
Black	2%
Native Hawaiian/Pacific Islander	0%
White	46%
Multiple	2%
Other	0%

Caregiver education

No high school diploma	36%
High school diploma	31%
Some college/training	28%
Bachelor's degree or higher	5%

Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines.

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MIECHV STATE DATA TABLE – NEW YORK

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in New York included Healthy Families America and Nurse-Family Partnership. Statewide, MIECHV funded 75 home visitors and 13 supervisors.

37,343
home visits provided

3,012
families served

2,324
children served

Caregiver age

≤ 21 years	34%
22-29 years	45%
30-44 years	20%
≥ 45 years	<1%

Child age

< 1 year	50%
1-2 years	42%
3-5 years	8%

Primary language

English	70%
Spanish	25%
Other	5%

Child insurance status

Public	95%
Private	3%
None	2%

Caregiver ethnicity

Hispanic or Latino	48%

Household income

Low income	85%

Caregiver race

American Indian/Alaska Native	2%
Asian	2%
Black	66%
Native Hawaiian/Pacific Islander	<1%
White	24%
Multiple	6%
Other	0%

Caregiver education

No high school diploma	39%
High school diploma	25%
Some college/training	30%
Bachelor's degree or higher	6%

Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines. • Counts of full-time equivalent home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor positions may also be available in the state.

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MIECHV STATE DATA TABLE – NORTH CAROLINA

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in North Carolina included Healthy Families America and Nurse-Family Partnership.

6,870	537	423
home visits provided	families served	children served

Caregiver age

≤ 21 years	49%
22-29 years	35%
30-44 years	15%
≥ 45 years	<1%

Child age

< 1 year	29%
1-2 years	63%
3-5 years	8%

Primary language

English	90%
Spanish	8%
Other	2%

Child insurance status

Public	91%
Private	<1%
None	8%

Caregiver ethnicity

Hispanic or Latino	13%

Household income

Low income	77%

Caregiver race

American Indian/Alaska Native	0%
Asian	0%
Black	41%
Native Hawaiian/Pacific Islander	0%
White	46%
Multiple	12%
Other	1%

Caregiver education

No high school diploma	42%
High school diploma	44%
Some college/training	13%
Bachelor's degree or higher	<1%

Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines.

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MIECHV STATE DATA TABLE – OHIO

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in Ohio included Healthy Families America and Nurse-Family Partnership.

15,512 home visits provided

1,633 families served

1,882 children served

Caregiver age

≤ 21 years	13%
22-29 years	53%
30-44 years	32%
≥ 45 years	2%

Child age

< 1 year	26%
1-2 years	55%
3-5 years	19%

Primary language

English	95%
Spanish	4%
Other	<1%

Child insurance status

Public	91%
Private	6%
None	3%

Caregiver ethnicity

Hispanic or Latino	8%

Household income

Low income	83%

Caregiver race

American Indian/Alaska Native	0%
Asian	<1%
Black	25%
Native Hawaiian/Pacific Islander	0%
White	70%
Multiple	3%
Other	<1%

Caregiver education

No high school diploma	26%
High school diploma	63%
Some college/training	7%
Bachelor's degree or higher	4%

Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines.

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MIECHV STATE DATA TABLE – OKLAHOMA

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in Oklahoma included Healthy Families America, Nurse-Family Partnership, Parents as Teachers, and SafeCare. Statewide, MIECHV funded 77 home visitors and 17 supervisors.

75,592 home visits provided

5,747 families served

4,636 children served

Caregiver age

≤ 21 years	35%
22-29 years	42%
30-44 years	22%
≥ 45 years	<1%

Child age

< 1 year	38%
1-2 years	50%
3-5 years	12%

Primary language

English	72%
Spanish	24%
Other	4%

Child insurance status

Public	86%
Private	13%
None	1%

Caregiver ethnicity

Hispanic or Latino	31%

Household income

Low income	71%

Caregiver race

American Indian/Alaska Native	8%
Asian	3%
Black	16%
Native Hawaiian/Pacific Islander	<1%
White	68%
Multiple	4%
Other	0%

Caregiver education

No high school diploma	32%
High school diploma	34%
Some college/training	27%
Bachelor's degree or higher	7%

Notes

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MIECHV STATE DATA TABLE – OREGON

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in Oregon included Early Head Start, Healthy Families America, and Nurse-Family Partnership. Statewide, MIECHV funded 57 home visitors and 11 supervisors.

14,085 home visits provided

969 families served

814 children served

Caregiver age

≤ 21 years	29%
22-29 years	45%
30-44 years	25%
≥ 45 years	<1%

Child age

< 1 year	57%
1-2 years	42%
3-5 years	1%

Primary language

English	74%
Spanish	24%
Other	2%

Child insurance status

Public	90%
Private	5%
None	5%

Caregiver ethnicity

Hispanic or Latino	37%

Household income

Low income	76%

Caregiver race

American Indian/Alaska Native	3%
Asian	<1%
Black	4%
Native Hawaiian/Pacific Islander	1%
White	84%
Multiple	7%
Other	0%

Caregiver education

No high school diploma	35%
High school diploma	31%
Some college/training	30%
Bachelor's degree or higher	4%

Notes

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MIECHV STATE DATA TABLE – PENNSYLVANIA

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in Pennsylvania included Early Head Start, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers.

39,027 home visits provided

3,169 families served

3,039 children served

Caregiver age

≤ 21 years	34%
22-29 years	46%
30-44 years	18%
≥ 45 years	1%

Child age

< 1 year	28%
1-2 years	48%
3-5 years	24%

Primary language

English	93%
Spanish	5%
Other	2%

Child insurance status

Public	81%
Private	15%
None	4%

Caregiver ethnicity

Hispanic or Latino	17%

Household income

Low income	78%

Caregiver race

American Indian/Alaska Native	0%
Asian	2%
Black	25%
Native Hawaiian/Pacific Islander	0%
White	69%
Multiple	3%
Other	<1%

Caregiver education

No high school diploma	26%
High school diploma	43%
Some college/training	26%
Bachelor's degree or higher	5%

Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines.

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MIECHV STATE DATA TABLE – RHODE ISLAND

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in Rhode Island included Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, MIECHV funded 57 home visitors and 18 supervisors.

11,740 home visits provided

1,184 families served

1,020 children served

Caregiver age

≤ 21 years	28%
22-29 years	47%
30-44 years	24%
≥ 45 years	<1%

Child age

< 1 year	49%
1-2 years	49%
3-5 years	2%

Primary language

English	71%
Spanish	24%
Other	5%

Child insurance status

Public	96%
Private	4%
None	0%

Caregiver ethnicity

Hispanic or Latino	52%

Household income

Low income	92%

Caregiver race

American Indian/Alaska Native	1%
Asian	3%
Black	37%
Native Hawaiian/Pacific Islander	1%
White	53%
Multiple	5%
Other	0%

Caregiver education

No high school diploma	40%
High school diploma	31%
Some college/training	27%
Bachelor's degree or higher	2%

Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines. • Counts of full-time equivalent home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor positions may also be available in the state.

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MIECHV STATE DATA TABLE – SOUTH CAROLINA

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in South Carolina included Family Check-Up, Healthy Families America, Nurse-Family Partnership, Parents as Teachers, and HealthySteps.

8,296 home visits provided

1,533 families served

1,416 children served

Caregiver age

≤ 21 years	28%
22-29 years	49%
30-44 years	22%
≥ 45 years	1%

Child age

< 1 year	76%
1-2 years	21%
3-5 years	3%

Primary language

English	88%
Spanish	11%
Other	1%

Child insurance status

Public	90%
Private	5%
None	5%

Caregiver ethnicity

Hispanic or Latino	16%

Household income

Low income	78%

Caregiver race

American Indian/Alaska Native	0%
Asian	<1%
Black	60%
Native Hawaiian/Pacific Islander	0%
White	35%
Multiple	3%
Other	<1%

Caregiver education

No high school diploma	29%
High school diploma	36%
Some college/training	28%
Bachelor's degree or higher	7%

Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines. • During a recent update, HomVEE noted that home visiting is not HealthySteps' primary service delivery strategy. Therefore, states could implement HealthySteps with MIECHV funds in fiscal years 2014 and 2015 but could no longer do so beginning in fiscal year 2016.

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MIECHV STATE DATA TABLE – SOUTH DAKOTA

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

The evidence-based model implemented with MIECHV funds in South Dakota was Nurse-Family Partnership.

3,055	178	71
home visits provided	families served	children served

Caregiver age

≤ 21 years	57%
22-29 years	36%
30-44 years	7%
≥ 45 years	0%

Child age

< 1 year	0%
1-2 years	100%
3-5 years	0%

Primary language

English	87%
Spanish	4%
Other	9%

Child insurance status

Public	62%
Private	11%
None	27%

Caregiver ethnicity

Hispanic or Latino	10%

Household income

Low income	62%

Caregiver race

American Indian/Alaska Native	51%
Asian	6%
Black	0%
Native Hawaiian/Pacific Islander	0%
White	36%
Multiple	0%
Other	7%

Caregiver education

No high school diploma	40%
High school diploma	29%
Some college/training	28%
Bachelor's degree or higher	3%

Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines.

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MIECHV STATE DATA TABLE – TENNESSEE

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in Tennessee included Healthy Families America, Nurse-Family Partnership, Parents as Teachers, Nurses for Newborns, and Maternal Infant Health Outreach Worker Progam.

20,633 home visits provided

1,490 families served

1,403 children served

Caregiver age

≤ 21 years	40%
22-29 years	44%
30-44 years	15%
≥ 45 years	<1%

Child age

< 1 year	41%
1-2 years	51%
3-5 years	8%

Primary language

English	91%
Spanish	8%
Other	<1%

Child insurance status

Public	91%
Private	6%
None	3%

Caregiver ethnicity

Hispanic or Latino	11%

Household income

Low income	76%

Caregiver race

American Indian/Alaska Native	<1%
Asian	0%
Black	43%
Native Hawaiian/Pacific Islander	0%
White	45%
Multiple	10%
Other	<1%

Caregiver education

No high school diploma	35%
High school diploma	36%
Some college/training	26%
Bachelor's degree or higher	3%

Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines. • HRSA considers Nurses for Newborns and Maternal Infant Health Outreach Worker Program promising approach home visiting models. Their service numbers are included in the totals.

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MIECHV STATE DATA TABLE – TEXAS

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in Texas included Early Head Start, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, and Parents as Teachers.

40,073 home visits provided

3,327 families served

3,468 children served

Caregiver age

≤ 21 years	26%
22-29 years	37%
30-44 years	35%
≥ 45 years	2%

Child age

< 1 year	22%
1-2 years	24%
3-5 years	54%

Primary language

English	66%
Spanish	32%
Other	2%

Child insurance status

Public	77%
Private	15%
None	8%

Caregiver ethnicity

Hispanic or Latino	71%

Household income

Low income	72%

Caregiver race

American Indian/Alaska Native	<1%
Asian	1%
Black	8%
Native Hawaiian/Pacific Islander	<1%
White	85%
Multiple	4%
Other	0%

Caregiver education

No high school diploma	44%
High school diploma	26%
Some college/training	21%
Bachelor's degree or higher	9%

Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines.

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MIECHV STATE DATA TABLE – UTAH

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in Utah included Nurse-Family Partnership and Parents as Teachers.

4,842	551	374
home visits provided	families served	children served

Caregiver age

≤ 21 years	36%
22-29 years	43%
30-44 years	20%
≥ 45 years	<1%

Child age

< 1 year	44%
1-2 years	49%
3-5 years	7%

Primary language

English	70%
Spanish	23%
Other	7%

Child insurance status

Public	83%
Private	10%
None	7%

Caregiver ethnicity

Hispanic or Latino	43%

Household income

Low income	75%

Caregiver race

American Indian/Alaska Native	2%
Asian	6%
Black	5%
Native Hawaiian/Pacific Islander	4%
White	80%
Multiple	3%
Other	0%

Caregiver education

No high school diploma	17%
High school diploma	34%
Some college/training	41%
Bachelor's degree or higher	8%

Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines.

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MIECHV STATE DATA TABLE – VERMONT

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

The evidence-based model implemented with MIECHV funds in Vermont was Nurse-Family Partnership. Statewide, MIECHV funded 13 home visitors.

4,144	357	283
home visits provided	families served	children served

Caregiver age

≤ 21 years	40%
22-29 years	49%
30-44 years	10%
≥ 45 years	<1%

Child age

< 1 year	58%
1-2 years	42%
3-5 years	0%

Primary language

English	99%
Spanish	0%
Other	<1%

Child insurance status

Public	98%
Private	2%
None	0%

Caregiver ethnicity

Hispanic or Latino	3%

Household income

Low income	85%

Caregiver race

American Indian/Alaska Native	0%
Asian	0%
Black	0%
Native Hawaiian/Pacific Islander	0%
White	89%
Multiple	8%
Other	3%

Caregiver education

No high school diploma	14%
High school diploma	35%
Some college/training	43%
Bachelor's degree or higher	8%

Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines. • Counts of full-time equivalent home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor positions may also be available in the state.

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MIECHV STATE DATA TABLE – VIRGINIA

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in Virginia included Healthy Families America, Nurse-Family Partnership, Parents as Teachers, and Resource Mothers. Statewide, MIECHV funded 64 home visitors and 14 supervisors.

15,374 home visits provided

1,449 families served

760 children served

Caregiver age

≤ 21 years	28%
22-29 years	47%
30-44 years	24%
≥ 45 years	1%

Child age

< 1 year	52%
1-2 years	36%
3-5 years	12%

Primary language

English	85%
Spanish	10%
Other	5%

Child insurance status

Public	89%
Private	5%
None	6%

Caregiver ethnicity

Hispanic or Latino	19%

Household income

Low income	79%

Caregiver race

American Indian/Alaska Native	0%
Asian	2%
Black	52%
Native Hawaiian/Pacific Islander	0%
White	40%
Multiple	5%
Other	1%

Caregiver education

No high school diploma	34%
High school diploma	45%
Some college/training	21%
Bachelor's degree or higher	0%

Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines. • Counts of full-time equivalent home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor positions may also be available in the state. HRSA considers Resource Mothers a promising approach home visiting model. Its service numbers are included in the totals.

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MIECHV STATE DATA TABLE – WASHINGTON

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in Washington included Nurse-Family Partnership and Parents as Teachers.

16,127 home visits provided

1,518 families served

1,187 children served

Caregiver age

≤ 21 years	36%
22-29 years	43%
30-44 years	20%
≥ 45 years	<1%

Child age

< 1 year	31%
1-2 years	62%
3-5 years	7%

Primary language

English	76%
Spanish	19%
Other	5%

Child insurance status

Public	90%
Private	3%
None	7%

Caregiver ethnicity

Hispanic or Latino	40%

Household income

Low income	72%

Caregiver race

American Indian/Alaska Native	5%
Asian	<1%
Black	11%
Native Hawaiian/Pacific Islander	1%
White	70%
Multiple	12%
Other	0%

Caregiver education

No high school diploma	36%
High school diploma	31%
Some college/training	30%
Bachelor's degree or higher	3%

Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines.

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MIECHV STATE DATA TABLE – WEST VIRGINIA

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in West Virginia included Early Head Start, Healthy Families America, and Parents as Teachers.

11,088 home visits provided

1,735 families served

1,626 children served

Caregiver age

≤ 21 years	5%
22-29 years	38%
30-44 years	42%
≥ 45 years	15%

Child age

< 1 year	24%
1-2 years	46%
3-5 years	30%

Primary language

English	97%
Spanish	<1%
Other	2%

Child insurance status

Public	83%
Private	16%
None	1%

Caregiver ethnicity

Hispanic or Latino	1%

Household income

Low income	100%

Caregiver race

American Indian/Alaska Native	0%
Asian	0%
Black	4%
Native Hawaiian/Pacific Islander	0%
White	93%
Multiple	2%
Other	1%

Caregiver education

No high school diploma	16%
High school diploma	51%
Some college/training	25%
Bachelor's degree or higher	8%

Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines.

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MIECHV STATE DATA TABLE – WISCONSIN

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in Wisconsin included Early Head Start, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, MIECHV funded 108 home visitors and 26 supervisors.

20,758 home visits provided

1,405 families served

1,231 children served

Caregiver age

≤ 21 years	35%
22-29 years	44%
30-44 years	20%
≥ 45 years	<1%

Child age

< 1 year	47%
1-2 years	43%
3-5 years	10%

Primary language

English	84%
Spanish	13%
Other	3%

Child insurance status

Public	95%
Private	3%
None	2%

Caregiver ethnicity

Hispanic or Latino	21%

Household income

Low income	75%

Caregiver race

American Indian/Alaska Native	10%
Asian	0%
Black	34%
Native Hawaiian/Pacific Islander	0%
White	49%
Multiple	4%
Other	3%

Caregiver education

No high school diploma	35%
High school diploma	40%
Some college/training	23%
Bachelor's degree or higher	2%

Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines. • Counts of full-time equivalent home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor positions may also be available in the state.

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MIECHV STATE DATA TABLE – WYOMING

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

The evidence-based model implemented with MIECHV funds in Wyoming was Parents as Teachers.

1,173	92	90
home visits provided	families served	children served

Caregiver age

≤ 21 years	9%
22-29 years	45%
30-44 years	46%
≥ 45 years	0%

Child age

< 1 year	28%
1-2 years	70%
3-5 years	2%

Primary language

English	92%
Spanish	7%
Other	1%

Child insurance status

Public	57%
Private	37%
None	6%

Caregiver ethnicity

Hispanic or Latino	13%

Household income

Low income	38%

Caregiver race

American Indian/Alaska Native	0%
Asian	0%
Black	0%
Native Hawaiian/Pacific Islander	0%
White	83%
Multiple	8%
Other	9%

Caregiver education

No high school diploma	12%
High school diploma	23%
Some college/training	42%
Bachelor's degree or higher	23%

Notes

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